

Form No 1.

CERTIFICATE OF BIRTH

The State of South Carolina

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

White Record of Births

File No. For State Registrar

48490

Registration District No. 1004

Hospital No. 9

(No. of child in family)

It should be met yet named, make

no hospital report as directed

(3) SEX

GIRL?

(4) Twin or Triplet?

Is he married wife in case of twins or triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Harrison Dewberry

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth

(15) NAME BEFORE MARRIAGE

(16) PRESENT POSTOFFICE OF MOTHER

(17) COLOR OR RACE

(18) AGE AT LAST BIRTHDAY

(Years)

(19) BIRTHPLACE

(20) OCCUPATION

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive and full term, on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given agent added from a supplementary report

(26) Witness

(Signature of witness necessary when question 22 is signed by mark)

(27) Dated

Feb 10 1906

(28)

Emel S. Gardner

When there was no attending physician or midwife, then the father, householders, etc., should make this return. If a child sometimes even comes in before birth is reported as stillborn. No report is required of stillbirths before the third month of pregnancy.