

Form No. 1

## (1) PLACE OF BIRTH

County of North  
 Township of Red Hill  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

41570

Registration District No. 337 Registered No. 7  
 (For use of Local Registrar)

City of ..... (No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Nathan Alfred (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Boy (4) Twin or Triplet ..... (5) Number in order of birth ..... (6) Age at Birth 13 (7) DATE OF BIRTH Oct 13 22  
 To be numbered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Esau Alfred  
 (9) PRESENT POSTOFFICE OF FATHER Blentown S.C.  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 27  
 (12) BIRTHPLACE Ala  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Lousina Alfred  
 (15) PRESENT POSTOFFICE OF MOTHER Blentown S.C.  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 27  
 (18) BIRTHPLACE Ala  
 (19) OCCUPATION H.W.  
 (21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) L. H. Campbell  
 (24) State where Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 20 22 (28) L. H. Campbell Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WRITE PLAINLY. WITH WRITING INSTRUMENTS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. USE MARK ON PRINT-BLANK, No. 1 TIME OTHER, No. 2, etc. in question 3.  
 Based on Columbia, Columbia, S.C.