

Form No. 1

## (1) PLACE OF BIRTH

County of *Lancaster*Township of *Clinton*or  
Inc. Town of .....or  
City of .....

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

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

21657

Registration District No. *2702*Registered No. *61*

(For use of Local Registrar)

(No. *R70 no 3*)

St. .... Ward)

(2) Full Name of Child *Pear Vance*

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <i>Boy</i>	4) Twin or Triplet? To be answered only in event of Twin or Triplet	5) Number in order of birth	6) Are Parents Married <i>Yes</i>	7) DATE OF BIRTH <i>July 28, 23</i> (Name of Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <i>Pear Vance</i>			14) NAME BEFORE MARRIAGE <i>Angie Hill</i>	
9) PRESENT POSTOFFICE OF FATHER <i>Philadelphia, Pa</i>			15) PRESENT POSTOFFICE OF MOTHER <i>Clinton SC</i>	
10) COLOR OR RACE <i>negro</i>	11) AGE AT LAST BIRTHDAY <i>34</i> (Years)	16) COLOR OR RACE <i>negro</i>	17) AGE AT LAST BIRTHDAY <i>32</i> (Years)	
12) BIRTHPLACE <i>S.C.</i>		18) BIRTHPLACE <i>S.C.</i>		
13) OCCUPATION <i>Public Laborer</i>		19) OCCUPATION <i>Housework</i>		
20) Number of children born to mother, including present birth <i>10</i>		21) Number of children of this mother now living, including present birth <i>7</i>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *9 A.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Emma X Vance*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness *J. L. W. Bailey*  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Aug 6, 23* (28) *J. L. W. Bailey*  
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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.  
BECOME SO COLUMBIA, COLUMBIA, S. C.