

Form No. 1

## (1) PLACE OF BIRTH

County of DillonTownship of Bethuon

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

10215

Registration District No. 1606 Registered No. 36

(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(2) Full Name of Child James D. Platt If child is not yet named, make supplemental report as directed

(a) BOY OR GIRL <u>Boy</u>	(b) Twin or Triplet <u>No</u>	(c) Number in order of birth <u>1</u>	(d) Sex <u>Yes</u>	(e) DATE OF BIRTH <u>Feb 23, 23</u>
To be answered only in event of Twin or Triplet				

FATHER.		MOTHER.	
(a) FULL NAME <u>James Platt</u>	(1a) NAME BEFORE MARRIAGE <u>annie alford</u>		
(b) PRESENT POSTOFFICE OF FATHER <u>Port Smith</u>	(1b) PRESENT POSTOFFICE OF MOTHER <u>latta S C</u>		
(1c) COLOR OR RACE <u>Chillard</u>	(1c) COLOR OR RACE <u>Chillard</u>		
(11) AGE AT LAST BIRTHDAY <u>36</u>	(11) AGE AT LAST BIRTHDAY <u>27</u>		
(12) BIRTHPLACE <u>Harrison Co</u>	(12) BIRTHPLACE <u>Harrison Co</u>		
(13) OCCUPATION <u>Public Work</u>	(13) OCCUPATION <u>House work</u>		
(14) Number of children born to mother, including present birth <u>2</u>	(14) Number of children of this mother now living, including present birth <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(25) I hereby certify that I attended the birth of this child, who was .... Born .... 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(26) (Signature) Liz Z. ... (26) State whether Physician or Midwife (26) Address of Physician or Midwife

Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 25 is signed by mark) (27) Filed 5/7 19 23 (28) W. L. ... 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.