

Form No 1.

(1) PLACE OF BIRTH

County of Bamberg

Township of Bamberg

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

63087

Registration District No. 400 Registered No. 56

(For use of Local Registrar)

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

(3) BOY (4) Twin or triplet? (5) Number in order of birth To be answered only in event of Twins or triplets (6) Are Parents Married? (7) DATE OF BIRTH June 10 1914 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Four Anders

(9) PRESENT POSTOFFICE OF FATHER Henrietta

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Bamberg Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 11

MOTHER.

(14) NAME BEFORE MARRIAGE May Olsen

(15) PRESENT POSTOFFICE OF MOTHER Henrietta S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Bamberg Co.

(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth { 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. J. Lamm

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bamberg, S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed 6/17 1914 (28) John Casner 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.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

City of Columbia.