

Form No 1.

(1) PLACE OF BIRTH

County of Bamberg
Township of Bamberg
or
Inc. Town of
or
City of (No. St.; Ward)
(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) <input checked="" type="checkbox"/> BOY	(4) Twin or triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 10 1914</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Four Anders</u>	(14) NAME BEFORE MARRIAGE <u>May Olsen</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Henrieville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Henrieville S.C.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)	
(12) BIRTHPLACE <u>Bamberg Co.</u>	(18) BIRTHPLACE <u>Bamberg Co.</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>			
(20) Number of children born to mother, including present birth <u>11</u>	(21) Number of children of this mother now living, including present birth <u>9</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Lester J. Johnson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Henrieville, Bamberg Co., S.C.

Given name added from a supplemental report
....., 191.....
..... Registrar

(26) Witness John Casner
(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.
WRITE 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.

THIS IS A PERMANENT RECORD. WRITE 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.