Form No. 1

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only
84475

...ed or ... Hopkins
Township of ... Lyttleton
or
Inc. Town of ... Summerville
or
City of ...
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Registration District No. 701 Registered No. 62
(For use of Local Registrar)

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

(2) Full Name of Child ...

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

(3) BOY OR GIRL?	(4) Twin or Triplet? (Information not to be used for any but statistical purposes)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Month) (Day) (Year)
Girl			Yes	Nov 26 1917

FATHER

(8) FULL NAME: Jamie Grant
(9) PRESENT POSTOFFICE OF FATHER: Summerville SC
(10) COLOR OR RACE: Colored
(11) AGE AT LAST BIRTHDAY: 30 (Years)
(12) BIRTHPLACE: Berkeley Co SC
(13) OCCUPATION: Laborer
(14) Number of children born to mother, including present birth: 5

MOTHER

(14) NAME BEFORE MARRIAGE: Susan Reynolds
(15) PRESENT POSTOFFICE OF MOTHER: Summerville SC
(16) COLOR OR RACE: Colored
(17) AGE AT LAST BIRTHDAY: 25 (Years)
(18) BIRTHPLACE: Monks Corner S.C.
(19) OCCUPATION: Domestic
(20) Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.

(23) (Signature) L. D. Williams M.D.
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Summerville S.C.

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

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

(27) Filed ... 191... Del Rumble ... Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child is illegitimate, even though it be acknowledged or subsequently legitimated, the mother must be reported as stillborn. No report is desired of stillbirths before the eighth month of pregnancy.

Instructions

Births must be registered within five days after birth, and before burial or removal from district.

Duty to register. The father of a child is required to register its birth, and in his absence from the State or his inability from any cause to act, the duty devolves upon the mother, householder, owner of tenement, manager of institution, or other person having control of the child. Midwives are required to report births attended by them.

Penalty. Any person who shall refuse or neglect to perform any duty required of him by the law governing the registration of births shall be guilty of a misdemeanor and upon conviction shall be punished by a fine not exceeding $100.00 or by imprisonment not exceeding thirty days.

Twins or triplets. In case of twins or triplets, use a separate blank for each child, and mark the word "twin" or "triplet" in question 4.

Illegitimacy. The word "illegitimate" is not to be used in any certificate of birth, but the fact of illegitimacy is to be indicated by the word "yes" in answer to question 6.

Return. When filled out, this certificate should be returned to the Local Registrar of the district in which the birth occurred.

Form No. 1 — Issued by the State Board of Health of South Carolina, with the approval of the Director of the Census, for the registration area of South Carolina.