

Form No. 1.

(1) PLACE OF BIRTH

County of HorryTownship of S. J. J.or  
Inc. Town of .....or  
City of Cade Spring

(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

43276

Registration District No. 2505 Registered No. 100

(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child Jerry Jussie Michoud If child is not yet named, make supplemental report as directed(3) BOY OR  
GIRL(4) Twin  
or Triplet?(5) Number in  
order of birth 1  
To be answered only in case of twins or triplets(6) Are  
Parents  
Married? Yes(7) DATE OF BIRTH Dec 1st  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME R. L. Michoud(9) PRESENT  
POSTOFFICE  
OF FATHER Cade Spring SC(10) COLOR  
OR  
RACE White(11) AGE AT LAST  
BIRTHDAY 37  
(Years)

(12) BIRTHPLACE

Cade Spring SC

(13) OCCUPATION

Merchant & Farmer(14) Number of children born to  
mother, including present birth 8

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Lula Moore(15) PRESENT  
POSTOFFICE  
OF MOTHER Cade Spring SC(16) COLOR  
OR  
RACE White(17) AGE AT LAST  
BIRTHDAY 35  
(Years)

(18) BIRTHPLACE

Canway SC

(19) OCCUPATION

House Wife(20) Number of children of this mother  
now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was ..... at .....  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(22) (Signature) Hattie J. Michoud(23) State whether Physician or Midwife (24) Address of Physician or Midwife  
Midwife Cade SpringGiven name added from a supplement-  
tal reportMichoud 1916C. W. Miller  
Super Registrar

(25) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(26) Filed Dec 3-5 1916

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\*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 8.

McCaw, of Columbia