

Form No. 1

(1) PLACE OF BIRTH

County of Marion.....
 Township of Britton Neck
 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

7782

Registration District No. 3. E. O. O. Registered No. 21
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar. 13, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Solomon Pozier

(9) PRESENT POSTOFFICE OF FATHER Gresham, S.C.

(10) COLOR OR RACE Cot (11) AGE AT LAST BIRTHDAY 26
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Teacher

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

MOTHER.

(14) NAME BEFORE MARRIAGE Viaker Pozier

(15) PRESENT POSTOFFICE OF MOTHER Gresham, S.C.

(16) COLOR OR RACE Cot (17) AGE AT LAST BIRTHDAY 25
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Francis Rogers

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

(Given name added from a supplemental report)

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

(27) Filed 7782 20.10.23 (28) W. P. Pozier
 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.