Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg

Township of

or

Inc. Town of Holly Hill

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
4847

Registration District No. 3609 Registered No. 31
(For use of Local Registrar)

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

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

(3) BOY OR GIRL? Boy | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Feb. 17, 1923 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Andrew Ashby	(14) NAME BEFORE MARRIAGE	Bertha Lee Holman
(9) PRESENT POSTOFFICE OF FATHER	Holly Hill S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Holly Hill S.C.
(10) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY	29 (Years)	(17) AGE AT LAST BIRTHDAY	24 (Years)
(12) BIRTHPLACE	S.C.	(18) BIRTHPLACE	S.C.
(13) OCCUPATION	Farm Hand	(19) OCCUPATION	Farm Hand
(20) Number of children born to mother, including present birth	3	(21) Number of children of this mother now living, including present birth	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Clara Thomas

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Holly Hill S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Feb. 28 1923 (28) H. M. Heesemann
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.

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.

Bureau of Columbia, Columbia, S. C.