

Form No. 1

## (1) PLACE OF BIRTH

County of LucasTownship of S. Charles

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

31095

Registration District No. 24.27Registered No. 25  
(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

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Sept 13 22  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Wm. C. Underwood(9) PRESENT POSTOFFICE OF FATHER S. Charles(10) COLOR OR RACE C(11) AGE AT LAST BIRTHDAY 29  
(Year)(12) BIRTHPLACE St. C(13) OCCUPATION May Labor(20) Number of children born to mother, including present birth 5

## MOTHER

(14) NAME BEFORE MARRIAGE Iva Benjaminsen(15) PRESENT POSTOFFICE OF MOTHER S. Charles(16) COLOR OR RACE C(17) AGE AT LAST BIRTHDAY 21  
(Year)(18) BIRTHPLACE St. C(19) OCCUPATION Lat. over(21) 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 3.2 M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. C. Underwood

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife S. Charles

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 30 22 (28) Paul L. Gurry  
Registrar 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 NUMBERING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THEN OTHER, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.