

Form No. 1

(1) PLACE OF BIRTH

County of Calhoun
 Township of Wetmore
 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
18290

Registration District No. 1409 Registered No. 183
 (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 <u>Boy</u>	4 Twin or Triplet? To be answered only in event of Twins or Triplets	5 Number in order of birth	6 Are Parents Married? <u>Yes</u>	7 DATE OF BIRTH <u>June 27 1902</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8 FULL NAME <u>Alberta B.</u>			14 NAME BEFORE MARRIAGE <u>Married</u>	
9 PRESENT POSTOFFICE OF FATHER <u>Albion S.C.</u>			15 PRESENT POSTOFFICE OF MOTHER <u>Albion S.C.</u>	
10 COLOR OR RACE <u>W</u>	11 AGE AT LAST BIRTHDAY <u>22</u> (Years)		16 COLOR OR RACE <u>W</u>	17 AGE AT LAST BIRTHDAY <u>20</u> (Years)
12 BIRTHPLACE <u>S.C.</u>			18 BIRTHPLACE <u>S.C.</u>	
13 OCCUPATION			19 OCCUPATION <u>Teacher</u>	
20 Number of children born to mother, including present birth			21 Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed July 10 1902 (28) John Black 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.

N. H.—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.