

Form No. 1

(1) PLACE OF BIRTH

County of Berkeley
 Township of Centaur
 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

3295

Registration District No. 708 Registered No. 18
 (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 Mamie President

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

3- SEX OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Feb 20th 22</u> (Name of Month) (Day) (Year)
FATHER,			MOTHER.	
2 FULL NAME <u>Joe President</u>			14 NAME BEFORE MARRIAGE <u>Cena Piteau</u>	
9 PRESENT POSTOFFICE OF FATHER <u>Cross St.</u>			15 PRESENT POSTOFFICE OF MOTHER <u>Cross St.</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>18</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)	
12 BIRTHPLACE <u>Berkeley Co.</u>			18 BIRTHPLACE <u>Berkeley Co.</u>	
13 OCCUPATION <u>Farming</u>			19 OCCUPATION <u>Farmer Laborer</u>	
20 Number of children born to mother, including present birth <u>one</u>			21 Number of children of this mother now living, including present birth <u>one</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) <u>Sarah Burney</u>	(25) Address of Physician or Midwife <u>Cross St.</u>
(24) State whether Physician or Midwife <u>Midwife</u>	
Given name added from a supplement- tal report: <u>Lillian Cross</u>	
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)	
(27) Filed <u>Feb 27th 22</u>	(28) Local Registrar <u>L. V. C. Cross</u>

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 INDEXING
 WRITE PLAINLY, WITH CAPITAL LETTERS, IN INK, SEPARATE SPACES FOR EACH CHILD, and mark the
 N. in case of FETTERED CHILD. No. 1 THIS OTHER, No. 2, etc. in question 8