

Form No. 1

(1) PLACE OF BIRTH

County of Jefferson
 Township of Concord
 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

43027

Registration District No. 2600 Registered No. 112

(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 Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Dec. 17th
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Rudolph Ferber
 (9) PRESENT POSTOFFICE OF FATHER Switzerland
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 21
 (Year)
 (12) BIRTHPLACE A.B.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth Two

MOTHER.
 (14) NAME BEFORE MARRIAGE Anna Brown
 (15) PRESENT POSTOFFICE OF MOTHER Switzerland
 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 19
 (Year)
 (18) BIRTHPLACE A.B.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5-9 M., on the date above stated. (Hour alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Ferber
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Switzerland

Given name added from a supplemental report

(26) Witness 12/26/24
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BIDDING.

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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.