

Form No. 1

## (1) PLACE OF BIRTH

County of Marble  
 Township of Red Hill  
 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

19495

Registration District No. 3307 Registered No. 10  
 (For use of Local Registrar)

City of ..... (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>May 28 20</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Henry Covington</u>			14) NAME BEFORE MARRIAGE <u>Mattie Crookland</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Blackshear S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Blackshear S.C.</u>	
10) COLOR OR RACE <u>colored</u>			16) COLOR OR RACE <u>colored</u>	
11) AGE AT LAST BIRTHDAY <u>22</u> (Years)			17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
12) BIRTHPLACE <u>S.C.</u>			18) BIRTHPLACE <u>S.C.</u>	
13) OCCUPATION <u>Laborer</u>			19) OCCUPATION <u>Laborer</u>	
20) Number of children born to mother, including present birth <u>1</u> <u>5</u>			21) Number of children of this mother now living, including present birth <u>1</u> <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was.....alive.....at.....7:20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thos. C. Campbell  
 (24) State whether Physician or Midwife (25) Address of Physic. or Midwife  
Midwife Blackshear S.C.

Given name added from a supplemental report

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

(27) Filed June 1 19 22 (28) Thos. C. Campbell  
 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 BINDING.  
 WHITE 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.