Form No. 1

(1) PLACE OF BIRTH

County of Georgetown

Township of #48

or

Inc. Town of Andrews

or

City of .....

(No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
21032

Registration District No. 2103 Registered No. 97
(For use of Local Registrar)

(2) Full Name of Child Henry Clarence Pope (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL: Male

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH: July 9, 1923 (Month) (Day) (Year)

FATHER.

(8) FULL NAME: Wilson Pope

(9) PRESENT POSTOFFICE OF FATHER: Andrews S.C.

(10) COLOR OR RACE: Negro (11) AGE AT LAST BIRTHDAY: 23 (Years)

(12) BIRTHPLACE: Williamsburg Co. S.C.

(13) OCCUPATION: Saw Mill hand

(20) Number of children born to mother, including present birth: 1

MOTHER.

(14) NAME BEFORE MARRIAGE: Alice Draper

(15) PRESENT POSTOFFICE OF MOTHER: Andrews S.C.

(16) COLOR OR RACE: Negress (17) AGE AT LAST BIRTHDAY: 21 (Years)

(18) BIRTHPLACE: Williamsburg Co. S.C.

(19) OCCUPATION: Domestic

(21) Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Carrie Hughes Midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife: Andrews, S.C.

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed July 25 1923 (28) ..... 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.

Bureau of Publication, Columbia, S. C.