

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child

File No.—For State Registrar Only

48701

Registered No.

12

(For use of Local Registrar)

(3) BOY OR GIRL?

B

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Jan 20 6

(Time of Month) (Day) (Year)

(8) FULL NAME

Robt Smith

(9) PRESENT POSTOFFICE OF FATHER

Wiggins Re

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

31

(Years)

(12) BIRTHPLACE

Colleton Co

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

6

(15) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was (Born alive or stillborn)

(23) (Signature)

Margaret T. P. H.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife

Wiggins Re

Given name added from a supplementary report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

2-29-6

(28)

R. F. Haggins

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child becomes dead child, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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 8.

McGraw-Hill of Columbia