

Form No. 1

(1) PLACE OF BIRTH

County of Beaufort
 Township of Helena
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. 2978 For State Registrar Only

Registration District No. 604 Registered No. 23
 (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 Sylvia Middleton If child is not yet named, make supplemental report as directed

3 BOY OR GIRL girl 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? yes 7 DATE OF BIRTH Feb. 7, 1923
 (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Sir Middleton
 9 PRESENT POSTOFFICE OF FATHER Frogmore, SC
 10 COLOR OR RACE negro 11 AGE AT LAST BIRTHDAY 19
 (Years)
 12 BIRTHPLACE South Carolina
 13 OCCUPATION Farmer

MOTHER.

14 NAME BEFORE MARRIAGE Rebecca Wright
 15 PRESENT POSTOFFICE OF MOTHER Frogmore, SC
 16 COLOR OR RACE negro 17 AGE AT LAST BIRTHDAY 16
 (Years)
 18 BIRTHPLACE South Carolina
 19 OCCUPATION Farmer

20 Number of children born to mother, including present birth 1 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 6:10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Lora Cott & Frogmore S.C.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Feb. 8, 1923 (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.