

Form No. 1

(1) PLACE OF BIRTH

County of Henry
 Township of Buckner
 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

19007

Registration District No. 251Registered No. 38
(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 Her Agnes Proctor If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 13, 1902</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Charles Hampton Proctor(9) PRESENT POSTOFFICE OF FATHER Conway R. 7th St.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 45 (Years)(12) BIRTHPLACE Lancaster Dillon S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Dora Agnes Proctor(15) PRESENT POSTOFFICE OF MOTHER Conway S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE Dillon S.C.(19) OCCUPATION Housekeeping(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Belle Faulk Midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife Conway S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)..... E. Cannon 1902 Registrar(27) Filed July 9 1902 (28) E. Cannon 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.

SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.