

Form No. 1

## (1) PLACE OF BIRTH

County of *Orange*Township of *Orange*

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 *Ann Marie*

File No.—For State Registrar Only

16207

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *36.5*Registered No. *56*  
(For use of Local Registrar)(3) BOY OR GIRL? *Girl*(4) Twin or Triplet? *No*(5) Number in order of birth *1st*(6) Are Parents Married? *No*(7) DATE OF BIRTH *May 29, 1934*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Willie Gordon*(9) PRESENT POSTOFFICE OF FATHER *Clemson*(10) COLOR OR RACE *Negro*(11) AGE AT LAST BIRTHDAY *17*(12) BIRTHPLACE *Orange Co. S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *1*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Bessie Johnson*(15) PRESENT POSTOFFICE OF MOTHER *Clemson*(16) COLOR OR RACE *Negro*(17) AGE AT LAST BIRTHDAY *17*(18) BIRTHPLACE *Orange 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 *Ann Marie* on the date above stated. (Born at *Clemson* at *1934* (Hour *10* Min *00* P. M.))(23) (Signature) *Ann Marie*(24) State where Physician or Midwife *South Carolina*(25) Title of Physician *Midwife*

Given name added from a supplemental report

(26) Witness *John*

(Signature of witness necessary only when question 23 is signed by mother)

(27) Filed *May 29, 1934*

(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.

MARGEN UNREMOVED FOR BINDING. WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRSTBORN, No. 1. THE OTHER, No. 2, etc., in question 5. MEANS OF COLUMBIA, COLUMBIA, S. C.