

Form No. 1

(1) PLACE OF BIRTH

County of Adams
 Township of Hammond
 Inc. Town of Barab. Island
 City of

CERTIFICATE OF BIRTH

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

No. 26.—For State Registrar Only

2670

Registration District No. 20.6Registered No. 4
(For use of Local Registrar)

City of (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 Penbinder Herman (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD

(4) Twin or Triplet

(5) Number in order of birth

(6) Is child married yes(7) DATE OF BIRTH Feb 4 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willis Herman(9) PRESENT RESIDENCE OF FATHER Augusta Ga R 3(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Sc(13) OCCUPATION Farm Laborer(14) Number of children born to mother, including present birth two

MOTHER.

(14) NAME BEFORE MARRIAGE Hathorne Sanders(15) PRESENT RESIDENCE OF MOTHER Augusta Ga R 3(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Sc(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Hathorne Sanders(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Augusta Ga R 3

Given name added from a supplemental report

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

(27) Filed Mar 8 1923 (28) J. M. Boston 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.

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. B.—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 1.

Revised by Columbia, Columbia S. C.