

Form No. 1.

(1) PLACE OF BIRTH

County of Berkeley
 Township of 2
 or
 Inc. Town of Jessie
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

3226

Registration District No. 201 Registered No. 11
 (For use of Local Registrar)

(2) Full Name of Child Martha Septenant
 (No. _____ St. _____ Ward _____)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (If child is not yet named, make supplemental report as directed.)

(3) BOY OR GIRL Girl (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH January 22, 1922
 (To be answered only in event of Twins or Triplets) (State of Month) (Day) (Year)

FATHER.

(8) FULL NAME Allen Septenant
 (9) PRESENT POSTOFFICE OF FATHER Mount Holly po
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 31
 (12) BIRTHPLACE Goose Creek Sc
 (13) OCCUPATION Farm
 (20) Number of children born to mother, including present birth three

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Watson
 (15) PRESENT POSTOFFICE OF MOTHER Mount Holly
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24
 (18) BIRTHPLACE Goose Creek Sc
 (19) OCCUPATION Farm
 (21) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Madame Mount Holly
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Mar 18 22 (28) R. G. Darnell
 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.

MAKING UNRECORDED FOR BINDING. WITH UNPAID INSTRUCTIONS IN A SUPPLEMENTARY LEAFLET. BEING ONE OF THE SERIES OF PUBLICATIONS, No. 1, THIS OTHER, No. 2, ETC., IN QUESTION 1. BEING ONE OF THE SERIES OF PUBLICATIONS, No. 1, THIS OTHER, No. 2, ETC., IN QUESTION 1.