

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(No. .... St. .... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Register

33497

Registration District No. 3617

Registered No. 59

(For use of Local Registrar)

## (2) Full Name of Child

William Fisher

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL

Boy

(4) Twin or Triplet

-

(5) Number in order of birth

5

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Sept 28, 1923

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

M. L. O'Connor

(9) PRESENT POSTOFFICE OF FATHER

Norway S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

53

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Blacksmith

(20) Number of children born to mother, including present birth

Five

## MOTHER.

(14) NAME BEFORE MARRIAGE

Annie O'Connor

(15) PRESENT POSTOFFICE OF MOTHER

Norway S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

31

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... on the date above stated.

... at ... M., (Respective or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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 22 is signed by mark)

(27) Filed in ... 14, 1923, (28) ...

19 ... 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.