

Form No. 1

## (1) PLACE OF BIRTH

County of Spty.Township of Beach Spgs

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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 40-C

File No.—For State Registrar Only

16681

Registered No. 88  
(For use of Local Registrar)

(No. .... St.; .... Ward)

## (2) Full Name of Child

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

3) BOY OR GIRL? Boy 4) Twin or Triplet? To be answered only in event of Twins or Triplets 5) Number in order of birth 1 6) Are Parents Married? yes 7) DATE OF BIRTH May 16, 1922  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME G. E. Roper9) PRESENT POSTOFFICE OF FATHER Fairforest SC10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 27  
(Years)12) BIRTHPLACE SC13) OCCUPATION Blacksmith20) Number of children born to mother, including present birth 4

## MOTHER.

14) NAME BEFORE MARRIAGE Miss High15) PRESENT POSTOFFICE OF MOTHER Fairforest SC16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 26  
(Years)18) BIRTHPLACE SC19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jas. R. Gibson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Armona

Given name added from a supplemental report:

(26) Witness

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

(27) Filed May 16, 1922

(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.