

Form No. 1

## (1) PLACE OF BIRTH

County of Fairfield

Township of .....

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 Health

File No.—For State Registrar Only

4076

Registration District No. ....

Registered No. 1911  
(For use of Local Registrar)(No. 2 ..... St.; ..... Ward)

## (2) Full Name of Child .....

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

3) BOY OR

Girl

(4) Twin

or Triplet?

(5) Number in

order of birth

To be answered only in case of Twins or Triplets

(6) Are

Parents

Married?

No

(7) DATE OF

BIRTH

Feb 22 1922

(Name of Month) (Day) (Year)

## FATHER.

8) FULL

NAME

Leen Quirk

9) PRESENT

POSTOFFICE

OF FATHER

Windsor

(12) COLOR

OR

RACE

Black

(11) AGE AT LAST

BIRTHDAY

2

(Years)

(12) BIRTHPLACE

Fairfield

(13) OCCUPATION

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

{

## MOTHER.

(14) NAME BEFORE

MARRIAGE

Lucile Hills

(15) PRESENT

POSTOFFICE

OF MOTHER

Windsor

(16) COLOR

OR

RACE

Black

(17) AGE AT LAST

BIRTHDAY

18

(Years)

(18) BIRTHPLACE

Fairfield

(19) OCCUPATION

House wife(21) Number of children of this mother  
now living, including present birthone

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
tal report

(26) Witness .....

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

(27) Filed .....

19

(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.

MAKING RESERVATION FOR BIDDING.  
WHEN PLACING, WITH UNPAID INCOME—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the  
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.