

Form No. 1

(1) PLACE OF BIRTH

County of MareboroTownship of Rich. Bluff

or

Inc. Town of M. C. C.

or

City of NC

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar On—

19487

Registration District No. 3305Registered No. 73

(For use of Local Registrar)

(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 William Bether

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

3 SEX OF CHILD <u>Boy</u>	4 Twin or Triplet? To be answered only in event of Twins or Triplets	5 Number in order of birth	6 Are (Parents Married?) <u>Yes</u>	7 DATE OF BIRTH <u>June 15, 1948</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME William Bether9) PRESENT POSTOFFICE OF FATHER M. C. C. SC10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20 (Years)12) BIRTHPLACE Mareboro Co SC13) OCCUPATION Cook20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Lillian Williams15) PRESENT POSTOFFICE OF MOTHER M. C. C. SC16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)18) BIRTHPLACE Mareboro Co SC19) OCCUPATION Domestic21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rosa Mather(24) State whether, Physician or Midwife Midwife(25) Address of Physician or Midwife M. C. C. SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 16, 1948

(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.

MARGIN RESERVED FOR BINDING.

WHITE 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 5.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.