

Form No. 1

(1) PLACE OF BIRTH

County of Greenville
 Township of Chesnee
 of
 Inc. Town of
 of
 City of

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

Registration District No. 2001

File No. — For State Registrar Only
3826

Registered No. 121
 (For use of Local Registrar)

(2) Full Name of Child

1. SEX OR
 SEX
 2. Date
 or Triplet
 3. Number in
 order of birth
 To be numbered only in case of Twins or Triplets

4. Are
 parents
 married
 5. DATE OF
 BIRTH
 (Name of Month) (Day) (Year)

FATHER

6. FULL
 NAME
 7. PRESENT
 POSTOFFICE
 IF FATHER
 8. COLOR
 OR
 RACE
 9. BIRTHPLACE
 10. OCCUPATION
 11. AGE AT LAST
 BIRTHDAY
 12. BIRTHPLACE
 13. OCCUPATION

MOTHER

14. NAME BEFORE
 MARRIAGE
 15. PRESENT
 POSTOFFICE
 OF MOTHER
 16. COLOR
 OR
 RACE
 17. BIRTHPLACE
 18. OCCUPATION
 19. AGE AT LAST
 BIRTHDAY
 20. BIRTHPLACE
 21. OCCUPATION
 22. Number of children of this mother
 now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature) Reddick
 (25) State whether Physician or Midwife

(26) Address of Physician or Midwife
13

Given name added from a supplemental
 (a) report

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

Witness, Feb 3 is 23 (28) W. H. Patton
 Local Registrar

When there was no physician or midwife present, the father, householder, etc., should make a statement of the birth of the child. No report is desired of stillborn or of children born of pregnancy.