Form No 1.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
59691

(1) PLACE OF BIRTH

County of Williamsburg

Township of Carmichael

or
Inc. Town of ..... Registration District No. 160.1 Registered No. 2.1
(For use of Local Registrar)
or
City of ..... (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 Herman Lewis Brown Peterson — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
boy				April	16	40

FATHER.

(8) FULL NAME Herman Peterson

(9) PRESENT POSTOFFICE OF FATHER Hemer S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE N.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ora Lee McDougal

(15) PRESENT POSTOFFICE OF MOTHER Hemer S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE N.C.

(19) OCCUPATION Farming

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dora Hall

(24) State whether Physician or Midwife: midwife

(25) Address of Physician or Midwife: Hemer S.C.

Given name added from a supplemental report ..... 191.....
.....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 1940 (28) B. L. Wilson
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.

MARION MCSWEEN, M.D., STATE REGISTRAR, WILLIAM DOCK BUILDING, COLUMBIA, S. C.

FIRST-BORN. No. 1. THIS OTHER, No. 2, etc., in question 5.

MAIL REGISTERED FROM BIRTHS OR DEATHS—THIS IS A SEPARATE BLANK for each child, and must be sent to the State Registrar at Columbia.