

Form No. 1

(1) PLACE OF BIRTH

County of York
 Township of Carver
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30785

Registration District No. 4001Registered No. 83
(For use of Local Registrar)

(If birth occurs in a hospital (No. St.; Ward)
 or other institution, give name of same instead of street and number.)

(2) Full Name of Child Hattie Bamuel

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

(3) BOY or GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 7, 1900
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Bamuel(9) PRESENT POSTOFFICE OF FATHER Ridgely, S.C.(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 27 (Year)(12) BIRTHPLACE O.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Lena Hughes(15) PRESENT POSTOFFICE OF MOTHER Ridgely, S.C.(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 27 (Year)(18) BIRTHPLACE O.C.(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7:4 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Elizabeth Francis(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ridgely, S.C.

Given name added from a supplemental report

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

(27) Filed 930 (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.

WRITTEN MAINLY, WITH UNFADING INK—USE IN A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-CHILD, No. 1. THE OTHER, No. 2, etc., in question 5.
 MEDICAL DEPARTMENT, COLUMBIA, S. C.