

Form No. 1

(1) PLACE OF BIRTH

County of

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

560

Registration District No. 901

Registered No. 13
(For use of Local Registrar)

(2) Full Name of Child

Archer Shubrick

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

(3) SEX OR
ONLY

Boy

(4) Type
or Weight

To be answered only in case of Twins or Triplets

(5) Number in
order of birth(6) Age
months

4/10

(7) Date of
BIRTH

Jan 15, 1915

(Specify Month, Day, Year)

FATHER.

(8) FULL
NAME

Unknown

(9) PRESENT
RESIDENCE
OF FATHER

Mt Pleasant S.C.

(10) COLOR
OR
RACE

Negro

(11) AGE AT LAST
BIRTHDAY

7

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

+

MOTHER.

(14) NAME BEFORE
MARRIAGE

Addie Shubrick

(15) PRESENT
RESIDENCE
OF MOTHER

Mt Pleasant

(16) COLOR
OR
RACE

Negro

(17) AGE AT LAST
BIRTHDAY

19

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farming

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

One

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature)

Mary Pennington

(24) State, whether

Physician or Midwife

(25) Address of Physician or Midwife

Med. with

Mt Pleasant

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

Jan 15, 1915

(28)

J. R. R. R.

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