

Form No. 1

## (1) PLACE OF BIRTH

County of DarlingtonTownship of Georgeor  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Not NamedFile No.—For State Registrar Only  
**34210**Registration District No. 1703 Registered No. ....  
(For use of Local Registrar)(3) BOY OR GIRL Boy (4) Yes or No (5) Number in order of birth 8th (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 20 1912  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Adrian Poores(9) PRESENT POSTOFFICE OF FATHER St George(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE He(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 8

## MOTHER

(14) NAME BEFORE MARRIAGE Sallie Daniel(15) PRESENT POSTOFFICE OF MOTHER St George(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE He(19) OCCUPATION Wife(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... St. .... M. ....  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mildred Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Pm Gedy  
(Signature of Witness necessary only when question 22 is signed by mark)..... 15 .....  
Registrar(27) Filed ..... 15 ..... (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.

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.