

Form No. 1

(1) PLACE OF BIRTH

County of GastonTownship of St. MartinCity of St. Martin

(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

Registration District No. 57No. 372—For State Registrar Only

372

Registered No. 2
(For use of Local Registrar)(2) Full Name of Child Mary Derby

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

(a) SEX OF CHILD girl(b) Type of birth 1(c) Number in order of birth 1(d) Age of mother 13(e) DATE OF BIRTH Jan 15

(f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

FATHER.

(1) NAME BEFORE MARRIAGE Henry Caldwell(2) PRESENT RESIDENCE OF FATHER St. Martin(3) COLOR OR RACE White (4) AGE AT LAST BIRTHDAY 21 (Year)(5) BIRTHPLACE South Carolina(6) OCCUPATION Farmer(7) Number of children born to mother, including present birth 1

MOTHER.

(1) NAME BEFORE MARRIAGE Mary Derby(2) PRESENT RESIDENCE OF MOTHER St. Martin(3) COLOR OR RACE White (4) AGE AT LAST BIRTHDAY 15 (Year)(5) BIRTHPLACE South Carolina(6) OCCUPATION Farmer(7) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(8) I hereby certify that I attended the birth of this child, who was alive at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(9) (Signature) Henry Caldwell(10) State whether Physician or Midwife midwife(11) Address of Physician or Midwife St. Martin

Given name added from a supplemental report

(12) Witness P. H. R. R.

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

(13) Filed Jan 15 19 28(14) Local Registrar W. H. R. R.

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.