

Form No. 1

(1) PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town of

City of Columbia

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

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Department of Vital Statistics

State Board of Health

Registration District No. 38B

File No.—For State Registrar Only

37424

Registered No. 279

(For use of Local Registrar)

Ward

(3) BOY OR GIRL

girl

(4) Twin or Triplet

1

(5) Number in order of birth

1

(6) Are Parents Married

yes

(7) DATE OF BIRTH

Nov 111933

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

FATHER

(8) FULL NAME

James Carter

(9) PRESENT POSTOFFICE OF FATHER

Columbia SC

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

33

(12) BIRTHPLACE

Columbia SC

(13) OCCUPATION

Carpenter

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

1

MOTHER

(14) NAME BEFORE MARRIAGE

Mary Carter

(15) PRESENT POSTOFFICE OF MOTHER

Columbia SC

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

31

(18) BIRTHPLACE

Columbia SC

(19) OCCUPATION

Housekeeping

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

19

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 2:30 Man on the date above stated. (Hour A. M. or P. M.)

(22) (Signature)

Charlotte Perry

(23) State whether Physician or Midwife

Midwife

(24) Address of Physician or Midwife

Charlotte Perry mid wife

Given name added from a supplemental report

(25) Witness

P. H. B. P. H. B.

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

(26) Date

Nov. 19

(27) Registrar

W. H. B. P. H. B.

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.

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH CAPS AND ENDS—THIS IS A PERMANENT RECORD. 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.