

Form No. 1

## (1) PLACE OF BIRTH

County of CharlestonTownship of Mt. Craghan

Inc. Town of.....

City of.....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41671

Registration District No. 1206Registered No. 89  
(For use of Local Registrar)(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child not named

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

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 24 22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Fannie Watson(9) PRESENT POSTOFFICE OF FATHER Mt. Craghan S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Murrenia Purvis(15) PRESENT POSTOFFICE OF MOTHER Mt. Craghan S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:30 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) G. M. Newson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Phy. ...

Given name added from a supplemental report

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

(27) Local Registrar G. 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 should be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.