

Form No. 1

## (1) PLACE OF BIRTH

County of BerkeleyTownship of Centervilleor  
Inc. Town of.....

or

City of.....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3287

Registration District No. 708Registered No. 26  
(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 Gunnada President

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

(3) <del>Sex</del> GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 24<sup>th</sup> 22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Kuttidge President(9) PRESENT POSTOFFICE OF FATHER Centerville(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 22  
(Years)(12) BIRTHPLACE Berkeley Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Small(15) PRESENT POSTOFFICE OF MOTHER Centerville(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 26  
(Years)(18) BIRTHPLACE Berkeley Co(19) OCCUPATION Housewife(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 S.P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rina Thompson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Centerville

Given name added from a supplemental report

(26) Witness William Cross

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

(27) Filed Feb. 24<sup>th</sup> 22 (28) D.W. Cross  
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.

MAILED REGISTERED FOR BIRTHS  
 WHEN PLACED IN THIS SPACE—THIS IS A REQUIREMENT REQUIRED  
 BY THE STATE OF SOUTH CAROLINA. IN THE SPACE FOR DATE OF BIRTH AND MARK THE  
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