

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

File No. — For State Registrar Only

36070

Registration District No.

Registered No.

(For use of Local Registrar)

(No. .... St.; .... Ward)

## (2) Full Name of Child

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

(3) SEX OR CHILD *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1st* (6) DATE OF BIRTH *Sept 30, 1922*  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER MOTHER

(8) FULL NAME *John Looper* (14) NAME BEFORE MARRIAGE *Mellie Garrick*

(9) PRESENT POSTOFFICE OF FATHER *Easley R. F. D.* (15) PRESENT POSTOFFICE OF MOTHER *Easley R. F. D.*

(10) COLOR OR RACE *White* (16) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *46* (17) AGE AT LAST BIRTHDAY *49*  
 (Years) (Years)

(12) BIRTHPLACE *S. C.* (18) BIRTHPLACE *S. C.*

(13) OCCUPATION *Farmer* (19) OCCUPATION *Domestic*

(20) Number of children born to mother, including present birth *9* (21) Number of children of this mother now living, including present birth *9*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at *4 P. M.*,  
 on the date above stated. (Born a free subject) (Hour A. M. or P. M.)

(23) (Signature) *N. M. Ponder* (24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Savannah*

Given name added from a supplemental report

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

(27) Filed *Oct 22, 1922* (28) *N. M. Ponder* 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.

W. B. — In case of TWINS OR TRIPLETS use a SEPARATE FILE FOR EACH CHILD, and  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MEDICAL COLUMBIA, COLUMBIA, S. C.