

Form No. 1

(1) PLACE OF BIRTH

County of Kershaw

Township of

or

Inc. Town of

or

City of Caulden

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

(2) Full Name of Child Fred Perry(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Sept 21, 22
(Name of Month) (Day) (Year)

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE Col(12) BIRTHPLACE SC(13) OCCUPATION Chol mender(20) Number of children born to mother, including present birth 2

FATHER.

(11) AGE AT LAST BIRTHDAY 28
(Years)

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Perry(15) PRESENT POSTOFFICE OF MOTHER Caulden(16) COLOR OR RACE Col(18) BIRTHPLACE SC(19) OCCUPATION Domestic(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 E.A. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Elna Pass(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 30, 22

(28)

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.

WHILE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

30806

Registration District No. 27aRegistered No. 65
(For use of Local Registrar)

St.; Ward)

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