

Form No. 1

## (1) PLACE OF BIRTH

County of .....

Township of .....

or  
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

19310

Registration District No. 0002 Registered No. 73

(For use of Local Registrar)

(No. .... St.; .... Ward)  
If born in a hospital or other institution, give name of same instead of street and number.(2) Full Name of Child Gertrude Louise Solomon If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>To be answered only in event of Twins or Triplets</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 15, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME W. Solomon

(9) PRESENT POSTOFFICE OF FATHER Living S.C.

(10) COLOR OR RACE Co (11) AGE AT LAST BIRTHDAY 49 (Years)

(12) BIRTHPLACE Living S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 12

## MOTHER.

(14) NAME BEFORE MARRIAGE Lorah Williams

(15) PRESENT POSTOFFICE OF MOTHER Living S.C.

(16) COLOR OR RACE Niger (17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE Living S.C.

(19) OCCUPATION House work

(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Solomon at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mariah Williams(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Living S.C.

Given name added from a supplemental report

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

(27) Filed 7/8 1922 (28) J. F. McIntosh 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.