

Form No. 1

(1) PLACE OF BIRTH

County of *Caydon*

Township of *St Paul*

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

17278

Registration District No. *1211*

Registered No. *23*
(For use of Local Registrar)

(2) Full Name of Child

Ellen Regin (No. *1211* St.; *23* Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

1. SEX OF CHILD *Girl* 2. Type or Triplet *No* 3. Number in order of birth *1* 4. Age *10* 5. DATE OF BIRTH *June 30, 1923*
(Name of Month) (Day) (Year)

FATHER

6. FULL NAME *James Regin*

7. PRESENT POSTOFFICE OF FATHER *St Paul S.C.*

8. COLOR OR RACE *Blue* 9. AGE AT LAST BIRTHDAY *26*
(Year)

10. BIRTHPLACE *Caydon Co S.C.*

11. OCCUPATION *Farmer*

12. Number of children born to mother, including present birth *3*

MOTHER

13. NAME OF MOTHER *Tommy James*

14. PRESENT POSTOFFICE OF MOTHER *St Paul S.C.*

15. COLOR OR RACE *Blue* 16. AGE AT LAST BIRTHDAY *23*
(Year)

17. BIRTHPLACE *Caydon Co S.C.*

18. OCCUPATION *House wife*

19. Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was *born alive* at *5 a.m.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) *James Regin*

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Given name added from a supplemental report

(27) Witness

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

(28) Place

(29) Date

(30) 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.