

Form No. 1

## (1) PLACE OF BIRTH

County of HamptonTownship of Eastonor  
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

43200

Registration District No. 2401 Registered No. 71

(For use of Local Registrar)

(2) Full Name of Child Engene Lamar Krigger

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>One</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 26 1915</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Samie Krigger(9) PRESENT POSTOFFICE OF FATHER unknown(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Don't know(13) OCCUPATION Laborer(10) Number of children born to mother, including present birth one

## MOTHER.

(14) NAME BEFORE MARRIAGE Ida Cooler(15) PRESENT POSTOFFICE OF MOTHER Pineland R.F.D. #1(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Hampton Co(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Josaphine Allen Midwife

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by Doctor)(27) Filed 1915 (28) Ed. Coates 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.

WRITE IN INK. 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 8.

Caw of Columbia