

Form No. 1

(1) PLACE OF BIRTH

County of Marion

Township of Clinton

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

455

Registration District No. 3200 Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child Arnes Louise

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

1. BOY OR GIRL? Girl

2. Twin or Triplet

3. Number in order of birth

4. Are Parents Married no

5. DATE OF BIRTH Feb 27, 1923
(Name of Month) (Day) (Year)

FATHER

6. FULL NAME Josh Himmigway

7. PRESENT POSTOFFICE OF FATHER Freshman S.C.

8. COLOR OR RACE Col

9. AGE AT LAST BIRTHDAY 30
(Years)

10. BIRTHPLACE S.C.

11. OCCUPATION Farmer

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

MOTHER

13. NAME BEFORE MARRIAGE Ida Gause

14. PRESENT POSTOFFICE OF MOTHER Freshman S.C.

15. COLOR OR RACE Col

16. AGE AT LAST BIRTHDAY 26
(Years)

17. BIRTHPLACE S.C.

18. OCCUPATION Laundry

19. 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 Born alive on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)

(23) (Signature) Francis Rogers

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Freshman S.C.

Given name added from a supplementary report

(26) WITNESSES (Signatures of Witnesses necessary only when question 22 is signed by mark)

(27) Wife of Dr. Rogers Local Registrar

*When there was no attending physician or midwife, householder, etc., should make this return. If a child branches even once, it is a birth. No report is desired of stillbirths or of pregnancy.

WRITES PLAINLY, WITH INK, IN-TERED IN A PERMANENT MANNER. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH. SEE MARK ON FIRST-BORN. No. 1 THIS OTHER, No. 2, etc., in question 2.