

Form No. 1

## (1) PLACE OF BIRTH

County of *Charleston*Township of *West Ashley*

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

25478

Registration District No. *1205*Registered No. *34*  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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

## (2) Full Name of Child

*not named*

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

3. BOY OR GIRL? <i>girl</i>	4. Twin or Triplet? <i>no</i>	5. Number in order of birth	6. Are Parents Married? <i>yes</i>	7. DATE OF BIRTH <i>April 23 22</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <i>Mary Rivers</i>			14. NAME BEFORE MARRIAGE <i>Caroline Waterworth</i>	
9. PRESENT POSTOFFICE OF FATHER <i>Wichita, K.C. #2</i>			15. PRESENT POSTOFFICE OF MOTHER <i>Wichita, K.C. #1</i>	
10. COLOR OR RACE <i>W</i>	11. AGE AT LAST BIRTHDAY <i>26</i> (Years)	16. COLOR OR RACE <i>white</i>		
12. BIRTHPLACE <i>S.C.</i>		17. AGE AT LAST BIRTHDAY <i>21</i> (Years)		
13. OCCUPATION <i>housewife</i>		18. BIRTHPLACE <i>S.C.</i>		
		19. OCCUPATION <i>Housewife</i>		
20. Number of children born to mother, including present birth <i>2</i>			21. Number of children of this mother now living, including present birth <i>2</i>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *D.C.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *P. M. Pearson*(24) State whether Physician or Midwife *Phys.*(25) Address of Physician or Midwife *Wichita, K.C.*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *April 30 22*

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(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.