

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19000

County of

Township of

or

Inc. Town of

or

City of

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

Registration District No. 2012 Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL?	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>20</u> <u>20</u> <u>1905</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 23
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth {

MOTHER.

(14) NAME BEFORE MARRIAGE Pettie Cockfield(15) PRESENT POSTOFFICE OF MOTHER Beaufort, S.C.(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE Thomas County(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

Given name added from a supplemental report

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Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 20 20 1905 (28) 1905 20 20 1905
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.