

Form No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of Williamor
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

12766

Registration District No. 35Registered No. 63
(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

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

3 BOY OR GIRL <u>Girl</u>	4 Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	5 Number in order of birth <u>2</u>	6 Are Parents Married? <u>Yes</u>	7 DATE OF BIRTH <u>May 21, 1927</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8 FULL NAME <u>Robert T. H.</u>			14 NAME BEFORE MARRIAGE <u>Bessie Lockyer</u>	
9 PRESENT POSTOFFICE OF FATHER <u>Bellevue S.C.</u>			15 PRESENT POSTOFFICE OF MOTHER <u>Bellevue S.C.</u>	
10 COLOR OR RACE <u>White</u>	11 AGE AT LAST BIRTHDAY <u>32</u> (Years)	16 COLOR OR RACE <u>White</u>	17 AGE AT LAST BIRTHDAY <u>22</u> (Years)	
13 BIRTHPLACE <u>Bellevue S.C.</u>			18 BIRTHPLACE <u>Bellevue S.C.</u>	
12 OCCUPATION <u>Teacher</u>			19 OCCUPATION <u>Teacher</u>	
20 Number of children born to mother, including present birth <u>2</u>			21 Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

When name added from a supplemental report

(26) Witness

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

(27) File No. 7-23

(28) Local Registrar

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Registrar

When there is no attending physician or midwife, when 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.