

Form No. 1

(1) PLACE OF BIRTH

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.)

(2) Full Name of Child

File No.—For State Registrar Only

42810

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

2306

Registered No.

27

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

George Local

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

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

10 18 22

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

John Local

(9) PRESENT POSTOFFICE OF FATHER

Bradley St

(10) COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

24

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

1

MOTHER

(14) NAME BEFORE MARRIAGE

Morial Sprouel

(15) PRESENT POSTOFFICE OF MOTHER

Bradley

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

19

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farmer Wife

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

1

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)

J. H. Brown

(24)

State whether Physician or Midwife

(25)

Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27)

Signed

Jan 14 1923

(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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

ISSUED BY COLUMBIA, COLUMBIA, S. C.