

Form No. 1

(1) PLACE OF BIRTH

County of *McCormick*

Township of *Bordeaux*

Inc. Town of

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 *William Norman*

File No.—For State Registrar Only

15002

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *4100* Registered No. *18*
(For use of Local Registrar)

(3) BOY OR GIRL *Boy*

(4) Twin or Triplet?

(5) Number in order of birth *1*

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *Mar 20, 1923*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *Levi Norman*

(9) PRESENT POSTOFFICE OF FATHER *McCormick*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *25*
(Year)

(12) BIRTHPLACE *S.C.*

(13) OCCUPATION *farmer*

(20) Number of children born to mother, including present birth *1*

MOTHER.
(14) NAME BEFORE MARRIAGE *Carrie Brown*

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *23*
(Year)

(18) BIRTHPLACE *S.C.*

(19) OCCUPATION *housewife*

(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... *alive*... at *6⁰⁰* M.,
on the date above state[d]. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) *W. C. Probst*
(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) Filed *April 10, 1923* (28) *P. C. Mathison*
Registrar 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.