

Form No. 1.

(1) PLACE OF BIRTH

County of **RICHLAND**Township of **LOWER**

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

JUNIOR OF SUPER CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registration

66068

Registration District No. **3803** Registered No. **166**

(For use of Local Registrar)

(2) Full Name of Child **Basil Potter** If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Age Parents Married? (7) DATE OF BIRTH (Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME **Basil Potter** (9) NAME BEFORE MARRIAGE **May Howell**(10) PRESENT POSTOFFICE OF FATHER **HOPKINS** (11) PRESENT POSTOFFICE OF MOTHER **HOPKINS**(12) COLOR OR RACE **NEGRO** (13) AGE AT LAST BIRTHDAY **25** (14) COLOR OR RACE **NEGRO** (15) AGE AT LAST BIRTHDAY **22**

(16) BIRTHPLACE (17) BIRTHPLACE

(18) OCCUPATION **Farmer** (19) OCCUPATION **Housewife**(20) Number of children born to mother, including present birth **2** (21) Number of children of this mother now living, including present birth **2**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **alive** at **6** **P.M.** on the date above stated. (Sign alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) **Lilla Harrison**

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MIDWIFE

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by parent)

(27) Filed **6/28/16** (28) **F.W. Smith** Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child is stillborn even once, it must not be reported as stillborn. No report is desired of stillbirths before the third month of pregnancy.

WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
X. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.
McCOMB, of Columbia