

Form No. 1

(1) PLACE OF BIRTH

County of Summers
 Township of Washington
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 1a.—For State Registrar Only
5429

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

City of (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 Before named If child is not yet named, make supplemental report as directed

(3) Sex Girl (4) Age 2 (5) Date of Birth Feb. 15, 1923
 (Name of Month) (Day) (Year)

FATHER.

(6) Full Name W. E. McCants
 (7) Present Postoffice of Father Trid. S.C.
 (8) Color or Race white (9) Age at Last Birthday 34
 (10) Birthplace S.C.
 (11) Occupation Farmer

MOTHER.

(12) Name before Marriage Annie Gordon
 (13) Present Postoffice of Mother Trid. S.C.
 (14) Color or Race white (15) Age at Last Birthday 34
 (16) Birthplace S.C.
 (17) Occupation None

(18) Number of children born to mother, including present birth 2 (19) Number of children of this mother now living, including present birth none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) J. H. Porter

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

(Given name added from a supplemental report)

Janie S. Sirey
May 11, 1923
 Registrar

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

(25) Filed 10 (26) J. H. Porter Local Registrar

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

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. 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 1.

Bureau of Columbia, Columbia, S. C.