

Form No. 1

(1) PLACE OF BIRTH

County of *Charleston*Township of *Charleston*or
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

18983

Registration District No. *901* Registered No. *69*
(For use of Local Registrar)(2) Full Name of Child *Ellen Capen*

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

(3) BOY OR GIRL *Girl*

(4) Twin or Triplet

(5) Number in order of birth

To be entered only in case of Twin or Triplet

(6) Are Parents Married *Yes*(7) DATE OF BIRTH *June 5 - 1923*

(Day) (Month) (Year)

FATHER

(8) FULL NAME *James Capen*(9) PRESENT POSTOFFICE OF FATHER *Wt Pleasant S.*(10) COLOR OR RACE *Chgo*(11) AGE AT LAST BIRTHDAY *38*(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Farmer*(14) Number of children born to mother, including present birth *Two*

MOTHER

(15) NAME BEFORE MARRIAGE *Mary Crews*(16) PRESENT POSTOFFICE OF MOTHER *Wt Pleasant S.*(17) COLOR OR RACE *Chgo*(18) AGE AT LAST BIRTHDAY *37*(19) BIRTHPLACE *S.C.*(20) OCCUPATION *House wife*(21) Number of children of this mother now living, including present birth *Two*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born *born* at *Wt Pleasant S.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *John P. P. P.*(24) State whether Physician or Midwife *Physician*(25) Address of Physician or Midwife *Wt Pleasant S.*

(When name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed *June 10 - 1923*

(28) 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 stillbirths before the fifth month of pregnancy.