

FORM NO. 1.

(1) PLACE OF BIRTH

County of

Township of

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
50895

Registration District No. 108

Registered No. 22

(For use of Local Registrar)

Sl.: Ward)

(No. of birth)

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

(2) Full Name of Child

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Mar 2, 1906

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ira S. C.

(9) PRESENT POSTOFFICE OF FATHER

Ira S. C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

40

(Years)

(12) BIRTHPLACE

Abbeville Co.

(13) OCCUPATION

Farmer

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

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Pernell

(15) PRESENT POSTOFFICE OF MOTHER

Ira S. C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

31

(Years)

(18) BIRTHPLACE

Ira S. C.

(19) OCCUPATION

Farmer

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Black

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

Mar 10, 1906

(28)

J. M. Black

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.

MARGIN RESERVED FOR BINDING. WHITE 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 5.