

Form No. 1

(1) PLACE OF BIRTH

County of *Beaufort*
 Township of *St. Helena*
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

13811

Registration District No. *654* Registered No. *69*
 (For use of Local Registrar.)

(No. *Miller* 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 *Victoria Middleton* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *No* (7) DATE OF BIRTH *MAY 11, 1922*
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Richard Middleton*
 (9) PRESENT POSTOFFICE OF FATHER *Dale S.C.*
 (10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *23 (3)* (Year)
 (12) BIRTHPLACE *Dale S.C.*
 (13) OCCUPATION *Laborer*
 (20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Estelle Miller*
 (15) PRESENT POSTOFFICE OF MOTHER *Frogmore S.C.*
 (16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *18* (Year)
 (18) BIRTHPLACE *South Carolina*
 (19) OCCUPATION *Domestic*
 (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 *Born alive* at *9:2* M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Sarah Gibbs Frogmore*
 (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 *5/12/22* (28) *W. B. Thoman* 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 INDEXING.
 WRITE PLAINLY IN INK. THIS IS A PERMANENT RECORD.
 IF IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK AS FIRST-BORN, SECOND-BORN, ETC., IN QUESTION 6.

Revised by Bureau of Census, 1922