

Form No. 1.

(1) PLACE OF BIRTH
County of Richland
Township of Wp
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
79022

Registration District No. 3804 Registered No. 25
(For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Sarago } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL MALE (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Aug 29, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Mark Sarago
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth

MOTHER.
(14) NAME BEFORE MARRIAGE Daisy Smith
(15) PRESENT POSTOFFICE OF MOTHER
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY (Years)
(18) BIRTHPLACE
(19) OCCUPATION Farmer
(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mary Johnson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife 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 Oct 2 1916 (28) L. M. Taylor 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.