

Form No. 1.

(1) PLACE OF BIRTH
County of Richland
Township of Upper
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)

(2) Full Name of Child John Santiago (No. of other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Child</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Aug 29, 1916</u> <small>(Name of Month) (Day) (Year)</small>
---------------------------------	---	------------------------------	--------------------------	---

FATHER.
(8) FULL NAME Mike Santiago
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY
(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
(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 (Hour A. M. or P. M.)
on the date above stated.
(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.