

Form No. 1

(1) PLACE OF BIRTH

County of BeaufortTownship of St. Helena

Inc. Town of

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

Registration District No. 6.0X Registered No. 7.7

(For use of Local Registrar)

(2) Full Name of Child

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

3. BOY OR GIRL Boy 4. Twin or Triplet No 5. Number in order of birth 1 6. Are Parents Married Yes 7. DATE OF BIRTH Jan. 15 - 23
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FATHER.

8. FULL NAME William Choplin9. PRESENT POSTOFFICE OF FATHER Frogmore S.C.10. COLOR OR RACE Negro 11. AGE AT LAST BIRTHDAY 27
(Years)12. BIRTHPLACE South Carolina13. OCCUPATION Farmer

MOTHER.

14. NAME BEFORE MARRIAGE Carrie Belle Howard15. PRESENT POSTOFFICE OF MOTHER Frogmore S.C.16. COLOR OR RACE Negro 17. AGE AT LAST BIRTHDAY 24
(Years)18. BIRTHPLACE South Carolina19. OCCUPATION Farmer20. Number of children born to mother, including present birth 221. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was Born Alive 9:00 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)23. (Signature) Hagar Henderson Frogmore S.C.24. State whether Physician or Midwife 25. Address of Physician or Midwife

Given name added from a supplemental report

26. Witness Nurse King
(Signature of Witness necessary only when question 23 is signed by mark)27. Filed Feb. 11 - 1923 28. J. Ashmore
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.