

Form No 1.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

45891

Registration District No. 1317

Registered No. 1

(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?

girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

M. W. Rhodius

(9) PRESENT POSTOFFICE OF FATHER

Forester SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

45 (Years)

(12) BIRTHPLACE

Blairwood

(13) OCCUPATION

Farmer

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

7

MOTHER

(14) NAME BEFORE MARRIAGE

Luci Phames

(15) PRESENT POSTOFFICE OF MOTHER

Forester SC

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

32 (Years)

(18) BIRTHPLACE

Blairwood

(19) OCCUPATION

N N

(21) 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 ... at ... on the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature)

Laraine Dickson

(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 25 is signed by mark)

(27) File No.

1317

(28)

1317

When there was no attending physician or midwife, then the father, householder, etc., should make this report as soon as possible after the birth of the child, and the report is destroyed at the birth of the next child.

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