

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5889

County of Anderson

Township of

or

Inc. Town of Williamster

or

City of

Registration District No. 314Registered No. 18

(For use of Local Registrar)

(No. 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 Sarah

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

(3) BOY OR GIRL girl

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth 2(6) Are Parents Married? yes

(7) DATE OF

BIRTH Jan. 15, 1923

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Alvin Johnson(14) NAME BEFORE MARRIAGE Beatrice Huss(9) PRESENT POSTOFFICE OF FATHER Pelzer R.F.D.(15) PRESENT POSTOFFICE OF MOTHER Pelzer R.F.D.(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 19

(Year)

(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 20

(Year)

(12) BIRTHPLACE Anderson County(18) BIRTHPLACE Anderson County(13) OCCUPATION Farmer(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 2(21) 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 Blue at 2:15 M., on the date above stated. (Born alive or stillborn) (House, M. or P. M.)(23) (Signature) W. R. Newell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Pelzer Co.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

19

Registrar

(27) Filed April 19, 1923 (28) J. B. Martin 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.

WRITE PLAINLY, WITH UNFADING INK, IN THIS SPACE, IN CASE OF TWINS OR TRIPLETS, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.

Bureau of Statistics, Columbia, S. C.