

Form No. 1

(1) PLACE OF BIRTH

County of Beaufort
 Township of Hathalia
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 6007

File No. — For State Registrar Only

10099Registered No. 57
(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 Sam Middleton If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH April 8, 1922
 (Name of Month) (Day) (Year)

FATHER.(8) FULL NAME Leont Know

(9) PRESENT POSTOFFICE OF FATHER _____

(10) COLOR OR RACE _____

(11) BIRTHPLACE _____

(12) OCCUPATION _____

(13) Number of children born to mother, including present birth: 1**MOTHER.**(14) NAME BEFORE MARRIAGE Rosa Middleton(15) PRESENT POSTOFFICE OF MOTHER Grognore SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 16 (Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth: 1**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***(21) I hereby certify that I attended the birth of this child, who was Born alive at 8: a. m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Emmaline Perry & Grognore SC. (23) Address of Physician or Midwife _____

(24) State whether Physician or Midwife _____

Given name added from a supplemental report

(26) Witness J. E. Thomas (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 4/8/22 (28) Local Registrar J. B. Thomas

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.