

Form No. 1

(1) PLACE OF BIRTH

County of Christy
Township of Pennington
or
Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

27702

Registration District No. 1107 Registered No. 77
(For use of Local Registrar)

City of (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 John W If child is not yet named, make supplemental report as directed

3 BOY OR GIRL <u>Boy</u>	4 Twin or Triplet <u>No</u> <small>To be reported only in event of Twins or Triplets</small>	5 Number in order of birth	6 Are Parents Married <u>Yes</u>	7 DATE OF BIRTH <u>Sept 5-23</u> <small>(Month) (Day) (Year)</small>
FATHER		MOTHER		
8 FULL NAME <u>Jim Dye</u>	14 NAME BEFORE MARRIAGE <u>Ann Borky</u>			
9 PRESENT POSTOFFICE OF FATHER <u>Pennington</u>	15 PRESENT POSTOFFICE OF MOTHER <u>Pennington</u>			
10 COLOR OR RACE <u>Black</u>	11 AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>	16 COLOR OR RACE <u>Black</u>	17 AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>	
12 BIRTHPLACE <u>Christy Co. S.C.</u>	18 BIRTHPLACE <u>Christy Co. S.C.</u>			
13 OCCUPATION <u>Farmer</u>	19 OCCUPATION <u>Domestic</u>			
20 Number of children born to mother, including present birth <u>Eight</u>	21 Number of children of this mother now living, including present birth <u>Eight</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. 1940 M., 1940 M. or P. M.

(23) (Signature) Harrison Stearns
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report
.....
..... 19

(26) Witness
(Signature of Witness necessary only when question 26 is signed by mark)
(27) Signed J. H. ... Local Registrar

If 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.