

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

City of Columbia.

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

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.

(23) (Signature)

(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 23 is signed by mark)

(27) Filed

191

(28)

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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

72583

Registration District No. 1815 Registered No. 7 (For use of Local Registrar)

Boy

Full Name: Ross George Rawlin

Present Postoffice of Father: Plum Branch

Color or Race: White Age at last Birthday: 26 (Years)

Birthplace: Greenwood Co SC

Occupation: Farmer

Number of children born to mother, including present birth: 3

Name before Marriage: Carrie Georgin Borden

Present Postoffice of Mother: Plum Branch SC

Color or Race: White Age at last Birthday: 23 (Years)

Birthplace: Edgefield Co SC

Occupation: House wife

Number of children of this mother now living, including present birth: 2

I hereby certify that I attended the birth of this child, who was at 4 A.M. on the date above stated.

(Signature) J. B. Adams

State whether Physician or Midwife

Address of Physician or Midwife

Given name added from a supplemental report

Witness

(Signature of Witness necessary only when question 23 is signed by mark)

Filed

191

(28)

Local Registrar.

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