

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

Registration District No. 905

File No.—For State Registrar Only

41376

Registered No. 108

(For use of Local Registrar)

(2) Full Name of Child

Cecilia Hakeon

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 Dec 24, 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Illegal

(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:

One

MOTHER.

(14) NAME BEFORE MARRIAGE

Mamie Hakeon

(15) PRESENT POSTOFFICE OF MOTHER

Johns Island

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

16

(Years)

(18) BIRTHPLACE

Johns Island

(19) OCCUPATION

Farm Laborer

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwife

Johns Island

Given name added from a supplemental report

(26) Witness

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

(27) Date

Dec 30, 1922

(28) Signature

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 ninth month of pregnancy.

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.

RECAP OF COLUMBIA, S. C.