

Form 10-1

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

45020

County of *Edgefield*

Township of *Marion*

City of *Marion*

Registration District No. *1*

Registered No. *1*

(For use of Local Registrar)

Birth occurs in a hospital or other institution, give name of same instead of street and number.

Full Name of Child *Charles Frederick Conrad* If child is not yet named, make supplemental report as directed

(1) Sex *Male* (2) Twin or triplet? *No* (3) Number in order of birth *1* (4) Age of Parents *24* (5) Date of Birth *Jan 24 1916* (6) Place of Birth *Marion* (7) Age of Mother (Day) (Year)

FATHER.
Name *Charles Frederick Conrad*
Occupation *Farmer*
Age at last birthday *38*
Residence *Marion*
Registration *Marion*
Number of children born to mother, including present birth *1*

MOTHER.
Name *Marion Conrad*
Present Postoffice of Mother *Marion*
Color *White* Age at last birthday *22*
Birthplace *Marion*
Occupation *Farmer*
Number of children born to father, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *Charles Frederick Conrad*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Marion*

Given name added from a supplemental report

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Registrar

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

(27) Filed *Jan 30 1916* (28) *Marion* 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.

MARGIN RESERVED FOR BINDING

WHITE CLAYED, WITH CREASING FOR THIS IS A LEGAL REQUIREMENT. N. B. In case of TOWNS OF THREE HUNDRED & BEYOND, BE AND FOR EACH ADDITIONAL TOWN, ADD ONE TO THE COUNTY NO. & THE DISTRICT NO. & THE TOWNSHIP NO.