

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

15347

Registration District No. 2502

Registered No. 50
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

{ 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

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

May 17, 22
(Name of Month) (Day) (Year)

2. FULL NAME

3. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

12. BIRTHPLACE

13. OCCUPATION

20. Number of children born to mother, including present birth

FATHER

Robert F. Delgado

(11) AGE AT LAST BIRTHDAY

(Years)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was live at 9:15 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

Given name added from a supplemental report

(26) Witness

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

19. Registrar

(27) Filed

May 18, 1922

(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.

MARGIN RESERVED FOR INDEXING. WRITE PLAINLY, WITH UNFADING INK—PRINT IN CAPITAL LETTERS. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the PRINT-HOLE, No. 1. THE OTHER, No. 2, etc., in question 3. REGISTRY OF COLUMBIA, COLUMBIA, S. C.