

Form No. 1.

(1) PLACE OF BIRTH

County of GreeneTownship of Summersville

Inc. Town or

City of (No.)

(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

File No.—For State Registrar Only

42872

Registration District No. 20 N Registered No. 127

(For use of Local Registrar)

(2) Full Name of Child William Daniel

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

(3) SEX OR

(4) Twin or triplet?

(5) Number in order of birth

(6) AGE

(7) DATE OF BIRTH

(8) FULL NAME OF FATHER Josh Daniel(9) FULL NAME OF MOTHER Anna Ann(10) PRESENT POSTOFFICE OF FATHER MONSVILLE, S. C.(11) PRESENT POSTOFFICE OF MOTHER MONSVILLE, S. C.(12) COLOR OR RACE Negro(13) AGE AT LAST BIRTHDAY 22(14) COLOR OR RACE Negro(15) AGE AT LAST BIRTHDAY 20(16) BIRTHPLACE SC(17) BIRTHPLACE SC(18) OCCUPATION Job work(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 3(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.(23) (Signature) Hattie M. Smith

(24) State whether Physician or Midwife, or both, or other title of Physician or Midwife

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 22 is signed by nurse)

(26) Filed

(27) 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 sixth month of pregnancy.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 2.