

Form No. 1

(1) PLACE OF BIRTH

County of KershawTownship of HighlandInc. Town of Jefferson

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

File No.—For State Registrar Only

4290

Registration District No. 27.00Registered No. 13
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Maggie Berrios

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH Feb 7 19 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(15) NAME BEFORE MARRIAGE

(16) PRESENT POSTOFFICE OF MOTHER

(17) COLOR OR RACE

(18) AGE AT LAST BIRTHDAY

(19) BIRTHPLACE

(20) 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, Margaret Berrios 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 25 is signed by mark)

FEB

FEB

(27) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child is stillborn, the report is desired of stillbirths and not of pregnancy.

LEGION RECEIVED FOR BIDDING.

WRITE PLAINLY, WITH A PENCIL, INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN NO. 1, THE OTHER NO. 2, etc. in question 3.

Bureau of Statistics, Columbia, S. C.