

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown

Township of

or
Inc. Town ofor
City of Georgetown

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Louise Joseph

File No.—For State Registrar Only

38396

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 21Registered No. 84
(For use of Local Registrar)(3) BOY OR GIRL boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? No

(7) DATE OF

BIRTH 9 20 22
(Name of Month) (Day) (Year)

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE col(11) AGE AT LAST BIRTHDAY 35
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

FATHER.

(8) FULL NAME Richard Joseph(9) PRESENT POSTOFFICE OF FATHER Georgetown(10) COLOR OR RACE col(12) BIRTHPLACE Georgetown(13) OCCUPATION Painter(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE W

(18) BIRTHPLACE

(19) 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 alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Louise Johnson

(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)

(27) Filed

10

22

(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 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 5.

MEDICAL DEPARTMENT, COLUMBIA, S. C.