

Form No. 1

(1) PLACE OF BIRTH

County of Daluda

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

30042

Registration District No. 3405Registered No. 20
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child M. name

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

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Sept 7</u> 19 <u>23</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Pinck Juley White9) PRESENT POSTOFFICE OF FATHER Daluda10) COLOR OR RACE Black 11) AGE AT LAST BIRTHDAY 2 (Years)12) BIRTHPLACE Daluda13) OCCUPATION Farmer20) Number of children born to mother, including present birth 6

MOTHER.

14) NAME BEFORE MARRIAGE Amphelle Brown15) PRESENT POSTOFFICE OF MOTHER Daluda16) COLOR OR RACE Black 17) AGE AT LAST BIRTHDAY 37 (Years)18) BIRTHPLACE Daluda19) OCCUPATION House Wife21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. L. Abney

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Daluda

Given name added from a supplemental report

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

(27) Filed Sept 11 19 23 (28) P. B. Keweenaw 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.