

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Providence
 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

31714

Registration District No. 3614 Registered No. 112
 (For use of Local Registrar)

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

(2) Full Name of Child

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 19, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Matthews
 (9) PRESENT POSTOFFICE OF FATHER ill, S. C.
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE Orangeburg County
 (13) OCCUPATION mining

MOTHER.

(14) NAME BEFORE MARRIAGE Essie P. ...
 (15) PRESENT POSTOFFICE OF MOTHER 4 Hill, S.C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE Orangeburg
 (19) OCCUPATION Housekeeping
 (20) Number of children born to mother, including present birth 1
 (21) 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 at M.
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) H. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Orangeburg, S. C.

Given name added from a supplemental report

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

(27) Filed Sept. 19, 1922 (28) J. H. ... 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.

THIS SPACE IS TO BE USED FOR THE STATE BOARD OF HEALTH TO MAKE A SUPPLEMENTAL REPORT FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

MEANS OF COLUMBIA COLUMBIA S. C.