

FORM NO. 1.

(1) PLACE OF BIRTH

County of Anglin

Township of Bogansville

or  
Inc. Town of

or  
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

1117

Registration District No. 4221 Registered No. 48

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child Carl Edward

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

(3) BOY OR GIRL? —

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Nov. 11 1918  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Lord Childs

(9) PRESENT POSTOFFICE OF FATHER Buffalo 46

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Anglin Co. 46

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Russie Langston

(15) PRESENT POSTOFFICE OF MOTHER Buffalo 46

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Anglin Co. 46

(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 3:31 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Samuel Lord Childs

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Buffalo 46

Given name added from a supplemental report

1918

Registrar

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

(27) Filed Dec 25 1918 (28) J. P. Hyman Local Registrar

When there was no attending physician or midwife, then the father, mother, or other person should make this report. 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. N. B.—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.