

Form No. 1

## (1) PLACE OF BIRTH

County of MarylandTownship of Princeton

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

7783

Registration District No. 3.7.9.0. Registered No. 22

(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 Mary Perkins

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?

yes

(7) DATE OF BIRTH

Mar. 14, 1923

## FATHER.

(8) FULL NAME

Jim Perkins

(9) PRESENT POSTOFFICE OF FATHER

Greensboro, S.C.

(10) COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY

31

(12) BIRTHPLACE

Anders S.C.

(13) OCCUPATION

wood cutter

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

five

## MOTHER.

(14) NAME BEFORE MARRIAGE

Bessie Perkins

(15) PRESENT POSTOFFICE OF MOTHER

Greensboro, S.C.

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

27

(18) BIRTHPLACE

Anders S.C.

(19) OCCUPATION

Housewife

(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 alive at 8 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Sueie Woodberry

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Greensboro, S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Mar 20 1923(28) W. J. H. Davis  
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.

Bureau of Columbia, Columbia, S. C.