

Form No. 1

(1) PLACE OF BIRTH

County of BerkeleyTownship of Eastmanor
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

3280

Registration District No. 708 Registered No. 24
(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

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

(1) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(3) Number in order of birth <u>1</u>	(8) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 9th 22</u> (Name of Month) (Day) (Year)
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FATHER.

(9) FULL
NAME Judson E. Auelin(10) PRESENT
POSTOFFICE
OF FATHER Chicora S.C.(11) COLOR
OR
RAE White (11) AGE AT LAST
BIRTHDAY 34
(Years)(12) BIRTHPLACE Berkeley Co.(13) OCCUPATION Farmer(20) Number of children born to
mother, including present birth 2

MOTHER.

(14) NAME BEFORE
MARRIAGE Blanch Mett(15) PRESENT
POSTOFFICE
OF MOTHER Chicora S.C.(16) COLOR
OR
RAE White (17) AGE AT LAST
BIRTHDAY 23
(Years)(18) BIRTHPLACE Berkeley Co.(19) OCCUPATION Housewife(21) Number of children of this mother
now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane Auelin(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Chicora S.C.Given name added from a supplement-
tal report(26) Witness Lillian Gross(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Feb 18th 22 (28) D. W. Gross
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 INDEXING.
WHITES PLAINLY INK. COLORED RACES IN RED INK.—THIS IS A PERMANENT RECORD
N. B.—In case of TWINS, use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN. No. 1. THIS OFFICE, No. 2, etc. in question 5
BUREAU OF VITAL STATISTICS, Columbia, S. C.