

Form No. 1

(1) PLACE OF BIRTH

County of *Fairfield*Township of # *1*or
Inc. Town of *Blains*or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

34276

Registration District No. *1900*Registered No. *64*

(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)

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Oct. 29, 1922

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ogie Hopkins

(9) PRESENT POSTOFFICE OF FATHER

Blains S. C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

20
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE

Lula Robison

(15) PRESENT POSTOFFICE OF MOTHER

Blains S. C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

19
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Midwife**Blains S. C.*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *4 or 8* 1922(28) *Mrs. C. W. Faussette*

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.

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 FIRSTBORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECAP OF COLUMBIA, COLUMBIA, S. C.