

Form No. 1

## (1) PLACE OF BIRTH

County of AndersonTownship of Williamstonor  
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

Registration District No. 38

File No. — For State Registrar Only

3847Registered No. 179  
(For use of Local Registrar)

## (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

To be answered only in event of Twin or Triplet

5. Number in order of birth

4

6. Are Parents Married

yes

7. DATE OF BIRTH

Dec 14 23  
(Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME

J. O. Sargent

9. PRESENT POSTOFFICE OF FATHER

Williamston S.C.

10. COLOR OR RACE

White

11. AGE AT LAST BIRTHDAY

30  
(Years)

12. BIRTHPLACE

Pickens County

13. OCCUPATION

Chain Gang

20. Number of children born to mother, including present birth

14

## MOTHER.

14. NAME BEFORE MARRIAGE

Maggie Hayner

15. PRESENT POSTOFFICE OF MOTHER

Williamston S.C.

16. COLOR OR RACE

White

17. AGE AT LAST BIRTHDAY

30  
(Years)

18. BIRTHPLACE

Anderson County

19. OCCUPATION

Domestic

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

14

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ...  
on the date above stated.at 7:30 M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

When name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 2 1924

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.