

Form No. 1

(1) PLACE OF BIRTH

County of Att.Township of Edithman.

Inc. Town of

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

2980

Registration District No. 604 Registered No. 28

(For use of Local Registrar)

(2) Full Name of Child Marie Capers

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 case of Twin or Triplet 5. Number in order of birth 1 6. Are Parents Married? no 7. DATE OF BIRTH Feb. 16, 1922
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Benjamin Faye9. PRESENT POSTOFFICE OF FATHER Frogmore SC10. COLOR OR RACE B 11. AGE AT LAST BIRTHDAY 37 (Years)12. BIRTHPLACE A.C.13. OCCUPATION Farmer14. Number of children born to father, including present birth 1

MOTHER.

14. NAME BEFORE MARRIAGE Marie Capers15. PRESENT POSTOFFICE OF MOTHER Frogmore SC16. COLOR OR RACE B 17. AGE AT LAST BIRTHDAY 16 (Years)18. BIRTHPLACE A.C.19. OCCUPATION Farmer20. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 5 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Ann Scada

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given added from a supplemental report(25) Witness Marie Faye

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

(26) Filed Feb. 16, 1922 Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired or authorized before the fifth month of pregnancy.