

Form No. 1

## (1) PLACE OF BIRTH

County of McComickTownship of Cornet, S.C.or  
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

File No.—For State Registrar Only

35484

Registration District No. 45A Registered No. ....  
(For use of Local Registrar)(2) Full Name of Child Jane Marie (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>Twin</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>2d</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 27, 22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME John Maten(9) PRESENT POSTOFFICE OF FATHER .....(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35  
(Year)(12) BIRTHPLACE Cobbeville Co.(13) OCCUPATION Farm hand(20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Hester Lery(15) PRESENT POSTOFFICE OF MOTHER .....(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29  
(Year)(18) BIRTHPLACE Cobbeville Co., S.C.(19) OCCUPATION Farm hand(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 7:30 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Mary S. Cole(24) State whether Physician or Midwife Midwife(25) Address .....

Given name added from a supplemental report

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

(27) ..... 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.

In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.