

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3277

County of YorkTownship of S. S. Stephens

Inc. Town of

Registration District No. 705Registered No. 20
(For use of Local Registrar)City of (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 Charles Daniel Pickin If child is not yet named, make supplemental report as directed3) BOY OR GIRL B

4) Twin or Triplet?

5) Number in order of birth

To be answered only in case of Twins or Triplets

6) Are Parents Married? Yes

7) DATE OF BIRTH

Feb 21 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

9) PRESENT POSTOFFICE OF FATHER

10) COLOR OR RACE

11) AGE AT LAST BIRTHDAY

12) BIRTHPLACE

13) OCCUPATION

14) Number of children born to mother, including present birth

MOTHER.

14) NAME BEFORE MARRIAGE

15) PRESENT POSTOFFICE OF MOTHER

16) COLOR OR RACE

17) AGE AT LAST BIRTHDAY

18) BIRTHPLACE

19) OCCUPATION

20) 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 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. A. D. Hamilton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report.

(26) Witness

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

(27) Filed

Mar 10 1922

(28)

M. A. Hamilton
Local Registrar

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. WRITE PLAINLY, WITH UNFADING INK—WHEN IN A FORM NOT PREVIOUSLY USED, WRITE FULL NAME OF CHILD, AND MAKE THE ENTRY IN CASE OF TWINS OR TRIPLETS AND IN CASE OF STILLBORN CHILD, IN QUESTION 5. PRINT-BOOK, No. 1. THIS OFFICE, No. 2, 401, N. 2nd St., Columbia, S. C.