

Form No. 1

## (1) PLACE OF BIRTH

County of UnionTownship of Cross KeysInc. Town of S. C.City of S. C.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only

12281

Registration District No. +200 Registered No. 12  
(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 Mable Bobo 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  
To be answered only in case of Twin or Triplet(6) Are Parents Married yes(7) DATE OF BIRTH April 20, 1923  
(Name (4 Month) (Day) (Year))

## FATHER.

(8) FULL NAME Elmer Bobo(9) PRESENT POSTOFFICE OF FATHER Union S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 30  
(Year)(12) BIRTHPLACE Cross Keys S.C.(13) OCCUPATION farmer(14) Number of children born to mother, including present birth 4(14) NAME BEFORE MARRIAGE Nate Stearns(15) PRESENT POSTOFFICE OF MOTHER Union S.C. R.F.D. #(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 26  
(Year)(18) BIRTHPLACE Cross Keys S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive or stillborn at 4:14 P.M. on the date above stated.(22) (Signature) W. B. Patton

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Union S.C.

(Given name added from a supplemental report)

(25) Witness

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

(26) Filed

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(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.