

Form No. 1

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5126

Registration District No. 350.3Registered No. 74
(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 Rebecca Philip

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be covered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 9</u> 19 <u>23</u> (Name of Month) (Day) (Year)
-----------------------------	---	------------------------------	-------------------------------------	---

FATHER.

(8) FULL NAME Henry Philip(9) PRESENT POSTOFFICE OF FATHER Gadsden SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Year)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Ann Potee(15) PRESENT POSTOFFICE OF MOTHER Gadsden SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35 (Year)(18) BIRTHPLACE SC(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 6 PM M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Susana Wright(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Congaree SC

Given name added from a supplemental report

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

(26) Filed J. P. GARICK (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 stillborns before the fifth month of pregnancy.