

Form No. 1

## (1) PLACE OF BIRTH

County of BambergTownship of Midway

Inc. Town of .....

(City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1a.—For State Registrar Only

291

Registration District No. 4A.3 Registered No. 1  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Georgean A. A. A. If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>girl</u>	4) Twin or Triplet <u>No</u>	5) Number in order of birth <u>1</u>	6) Are Great Nieces <u>Yes</u>	7) DATE OF BIRTH <u>1/16</u> 19 <u>23</u>
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## FATHER.

8) FULL NAME Willie Argo9) PRESENT POSTOFFICE OF FATHER Bamberg10) COLOR OR RACE Colored 11) AGE AT LAST BIRTHDAY 43 (Years)12) BIRTHPLACE Orangeburg Co13) OCCUPATION farmer14) Number of children born to mother, including present birth 11

## MOTHER.

15) NAME BEFORE MARRIAGE Clarra Fraiser16) PRESENT POSTOFFICE OF MOTHER Bamberg17) COLOR OR RACE Colored 18) AGE AT LAST BIRTHDAY 35 (Years)19) BIRTHPLACE Orangeburg Co20) OCCUPATION domestic21) Number of children of this mother now living, including present birth 11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Corrie Argo Cape(24) State whether Physician or Midwife 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 1/20 1923 (28) A. H. Sandiford Local Registrar

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

MAINTAIN SEPARATE RECORD FOR BUNDLING.

NOTE: PLAINLY, WITHIN 10 DAYS OF BIRTH, IN A PERMANENT RECORD, IN THE CASE OF TWIN OR TRIPLET, AND A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Revised by Columbia, Columbia, S. C.