

FORM NO. 1.

(1) PLACE OF BIRTH

County of Georgetown

Township of

Inc. Town of Andrews

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

Registration District No. 2103File No.—For State Registrar Only
42896Registered No. 91
(For use of Local Registrar)(2) Full Name of Child Isa. Isabella Hyman(3) BOY OR GIRL Girl(4) Twin or Triplet? Twins(5) Number in order of birth 1
(Ink marked only in case of twins or triplets)(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 11
(Name of Month) (Day) (Year)(8) FULL NAME James Leonard Hyman(9) PRESENT POSTOFFICE OF FATHER Andrews, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 34
(Years)(12) BIRTHPLACE Fairfield Co. S.C.(13) OCCUPATION Druggist(14) NAME BEFORE MARRIAGE Isa Belle Cooper(15) PRESENT POSTOFFICE OF MOTHER Andrews, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 30
(Years)(18) BIRTHPLACE Fairfield Co. S.C.(19) OCCUPATION House wife(20) Number of children born to mother, including present birth 5(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at Andrews, S.C. on the date above stated. (Born alive or Stillborn) (Hour A.M. or P.M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Andrews, S.C.

Given name added from a supplemental report

191.....

Registrar

(26) Witness

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

(27) Filed Dec 17

191.....

(28)

J. A. Hyman
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.
N.B.—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.

McNaw of Columbia

O D A K S A F E T