

Form No. 1

(1) PLACE OF BIRTH

County of ColletonTownship of Granite

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

33897

Registration District No. 1407Registered No.
(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 Not named

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Sept 12 22

To be answered only in event of Twins or Triplets

(Name) (Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Litman Allen(14) NAME BEFORE MARRIAGE Bessie Jones(9) PRESENT POSTOFFICE OF FATHER Wiggin Ab.(15) PRESENT POSTOFFICE OF MOTHER Wiggin Ab.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Year)(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Year)(12) BIRTHPLACE Col Ab.(18) BIRTHPLACE Col Ab.(13) OCCUPATION Iron Mill Employee(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth three(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Alive at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Georgie Hamilton(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wiggin Ab.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 26 22 (28) G. G. Hamilton 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 UNFADING 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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.