

Form No. 1

(1) PLACE OF BIRTH

County of Claarendon
 Township Franklin
 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

3481

Registration District No. 304

Registered No. 8
 (For use of Local Registrar)

(City of (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

John Stokes

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

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Sex Male 7) DATE OF BIRTH Feb 15 1923
 (Name of Month) (Day) (Year)

FATHER
 8) FULL NAME Bush Stokes
 9) PRESENT POSTOFFICE OF FATHER Summerville S.C.
 10) COLOR OR RACE col 11) AGE AT LAST BIRTHDAY 31 (Year)
 12) BIRTHPLACE Claarendon S.C.
 13) OCCUPATION Farmer
 20) Number of children born to mother, including present birth 5

MOTHER
 14) NAME BEFORE MARRIAGE Egness Stokes
 15) PRESENT POSTOFFICE OF MOTHER Summerville S.C.
 16) COLOR OR RACE col 17) AGE AT LAST BIRTHDAY 27 (Year)
 18) BIRTHPLACE Claarendon S.C.
 19) OCCUPATION Home work
 21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive H.P. M., on the date above stated. (Born alive or stillborn) (Hour-A.M. or P.M.)

(23) (Signature) Roscoe Tucker
 (24) Name, whether Physician or Midwife Midwife (25) Address of Physician or Midwife Summerville S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)
 (27) Mar 1 1923 (28) H. B. Lichbourg 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.

USE SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 3.

State of South Carolina, Columbia, S. C.