

Form No. 1

(1) PLACE OF BIRTH

County of Durham
 Township of Robinsonville
 OF
 Inc. Town of Donald
 OF
 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

File No.—For State Registrar Only

12544

Registration District No. 105 Registered No. 34

(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

(2) Full Name of Child

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

(3) SEX-OR GIRL? Female (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 23, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Harrison
 (9) PRESENT POSTOFFICE OF FATHER Donald
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 42 (Years)
 (12) BIRTHPLACE Curwille Co.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE John Baker
 (15) PRESENT POSTOFFICE OF MOTHER Donald
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 41 (Years)
 (18) BIRTHPLACE Curwille Co.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Carmelia Samuels

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Donald

Given name added from a supplemental report

(26) Witness J. B. _____
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 10, 1923 (28) 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 make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Bureau of Columns, Columns 8, C.