

Form No. 1

## (1) PLACE OF BIRTH

County of LeeTownship of St. Charles

Inc. Town of .....

City of .....

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

## (2) Full Name of Child

File No.—For State Register

43412

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3007 Registered No. 64

(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth No (6) Are Parents Married? No (7) DATE OF BIRTH Sept 15 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Unknown(9) PRESENT POSTOFFICE OF FATHER —(10) COLOR OR RACE — (11) AGE AT LAST BIRTHDAY — (Years)(12) BIRTHPLACE —(13) OCCUPATION —(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Clark(15) PRESENT POSTOFFICE OF MOTHER St Charles(16) COLOR OR RACE e (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Labour(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 born at 10 a.m. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Anna M. Bell(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St Charles

Given name added from a supplemental report

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

(27) Filed Dec 19 22 (28) Anna M. Bell 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.