

Form No. 1

(1) PLACE OF BIRTH

County of McCTownship of St. Johnsor
Inc. Town of.....or
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 William C. R. 2

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

(3) BOY OR GIRL
Boy(4) Twin or Triplet?
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?
Yes

(7) DATE OF

BIRTH Sept 8 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME
W. C. R. 2(9) PRESENT POSTOFFICE OF FATHER
W. C. R. 2(10) COLOR OR RACE
W. C. R. 2(11) AGE AT LAST BIRTHDAY
22
(Years)(12) BIRTHPLACE
Washington C. D.C.(13) OCCUPATION
Teacher(20) Number of children born to mother, including present birth
1

MOTHER.

(14) NAME BEFORE MARRIAGE
Marcella R. R. 2(15) PRESENT POSTOFFICE OF MOTHER
W. C. R. 2(16) COLOR OR RACE
W. C. R. 2(17) AGE AT LAST BIRTHDAY
21
(Years)(18) BIRTHPLACE
Washington C. D.C.(19) OCCUPATION
Teacher(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 alive at W. C. R. 2 on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Marcella R. R. 2(24) State whether Physician or Midwife
Midwife(25) Address of Physician or Midwife
W. C. R. 2

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 30 2219 22(28) W. C. R. 2

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 INDEXING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 2.

State of South Carolina, Columbia, S. C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31106

Registration District No. 3008Registered No. 60

(For use of Local Registrar)