

Form No. 1

## (1) PLACE OF BIRTH

County of Berkley  
 Township of St. Stephens  
 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

13022

Registration District No. 705Registered No. 47  
(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 S. Mack If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL 3 (4) Twin or Triplet ..... (5) Number in order of birth ..... (6) Are Parents Married? no (7) DATE OF BIRTH May 5 1923  
 (To be answered only in event of Twin or Triplet) (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John S. Mack(9) PRESENT POSTOFFICE OF FATHER St. Stephens(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Year)(12) BIRTHPLACE St. Stephens(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Eva Wallace(15) PRESENT POSTOFFICE OF MOTHER St. Stephens(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Year)(18) BIRTHPLACE St. Stephens(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was John S. Mack at 7 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John S. Mack

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

St. Stephens

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 25 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.

WRITE PLAINLY. WITH UNFADING INK. PRINT-LETTERS AND CAPITALS. USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE  
 M. B.—In case of twins or triplets use a SEPARATE BLANK FOR EACH CHILD, AND MAKE THE  
 FIRST-BORN. No. 1. THIS OTHER. No. 2. etc. In question 8