

Form No. 1

## (1) PLACE OF BIRTH

County of Abbeville  
 Township of Springfield  
 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  
**5598**

Registration District No. 155 Registered No. 17  
 (For use of Local Registrar)

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>2-2-22</u> (Name of Month) (Day) (Year)
(8) FATHER FULL NAME <u>James H. ...</u> PRESENT POSTOFFICE OF FATHER <u>...</u> COLOR OR RACE <u>white</u> BIRTHPLACE <u>...</u> OCCUPATION <u>...</u> Number of children born to mother, including present birth <u>1</u>			(9) MOTHER NAME BEFORE MARRIAGE <u>Carol ...</u> PRESENT POSTOFFICE OF MOTHER <u>...</u> COLOR OR RACE <u>white</u> BIRTHPLACE <u>...</u> OCCUPATION <u>...</u> Number of children of this mother now living, including present birth <u>1</u>	
(10) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(12) I hereby certify that I attended the birth of this child, who was born alive at 1:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 10 (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 mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

Bureau of Columbia, Columbia, S. C.