

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

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

29737

Registration District No. 1315

Registered No. 33  
(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

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Sept 16 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Nathann M Kolb.

(9) PRESENT POSTOFFICE OF FATHER

Palmville SC

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

37  
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

R.R. Work

(20) Number of children born to mother, including present birth

7

## MOTHER.

(14) NAME BEFORE MARRIAGE

Cary Louise McLeod

(15) PRESENT POSTOFFICE OF MOTHER

Palmville SC

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

39  
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was, Banoline at 9 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

Sept 18 22

(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.