

Form No. 1

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

File No.—For State Registrar Only

41684

County of Christiansburg

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of Mt. CroghanRegistration District No. 1205 Registered No. 80

or

Inc. Town of .....

(For use of Local Registrar)

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 not named

{ 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

(6) Are Parents Married? no(7) DATE OF BIRTH Nov 5 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

(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 1/0

## MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Jordan(15) PRESENT POSTOFFICE OF MOTHER Antley S.C.(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY

(Years) 42(18) BIRTHPLACE Antley S.C.(19) OCCUPATION House work.(21) Number of children of this mother now living, including present birth 1/0

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P.M. on the date above stated.  
(born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. P. Gaskins

(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

(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.