

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

13004

Registration District No.

Registered No.

(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?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

No

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

May 22 23

FATHER

(8) FULL NAME

Joe Johnson

(9) PRESENT POSTOFFICE OF FATHER

Frymore St.

(10) COLOR OR RACE

B

(11) AGE AT LAST BIRTHDAY

24

(12) BIRTHPLACE

A A

(13) OCCUPATION

Laborer

MOTHER

(14) NAME BEFORE MARRIAGE

Mary Johnson

(15) PRESENT POSTOFFICE OF MOTHER

Frymore St.

(16) COLOR OR RACE

B

(17) AGE AT LAST BIRTHDAY

18

(18) BIRTHPLACE

A A

(19) OCCUPATION

Laborer

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

1

(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 ... on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Henry H. Washington

(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

6/2 1923

19 Registrar

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.