

Form No 1.

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

48151

Registration District No.

Registered No.

(For use of Local Registrar)

## (2) Full Name of Child

Edward Grayson

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Archie Ford

(9) PRESENT POSTOFFICE OF FATHER

Benton SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY (Years)

19

(12) BIRTHPLACE

Old Baynard Plantation

(13) OCCUPATION

Day Laborer

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Rebecca Grayson

(15) PRESENT POSTOFFICE OF MOTHER

Benton S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY (Years)

19

(18) BIRTHPLACE

Same Plantation

(19) OCCUPATION

Farmhouse Daughter

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

One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Born alive or stillborn) (Month A. M. or P. M.) on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Benton S.C. 3rd St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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(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.

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 5.

McGaw, of Columbia