

Form No. 1

## CERTIFICATE OF BIRTH

SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health



## (1) PLACE OF BIRTH

County of *Beaufort*

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) No. .... St. .... Ward) .....

Registration District No. *2402*Registered No. *52561*

(For use of Local Registrar)

(2) Full Name of Child *Henry William Clark*

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
	Is he averaged only in case of twins or triplets			(Name of Month) (Day) (Year)

(8) FULL NAME	(14) NAME BEFORE MARRIAGE
<i>Laurie W. Loop</i>	<i>Gene Reid</i>

(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER
<i>Camville S.C.</i>	<i>Camville</i>

(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	(12) COLOR OR RACE	(13) AGE AT LAST BIRTHDAY
<i>white</i>	<i>24</i> (Years)	<i>white</i>	<i>22</i> (Years)

(16) BIRTHPLACE	(17) BIRTHPLACE
<i>Camville S.C.</i>	<i>Camville S.C.</i>

(18) OCCUPATION	(19) OCCUPATION
<i>Camville mill</i>	<i>Stone mason</i>

(20) Number of children born to mother, including present birth	(21) Number of children of this mother now living, including present birth
<i>Four</i>	<i>Four</i>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Alive at birth* (Born alive or stillborn) (Sign: A. M. or P. M.)(23) (Signature) *Mrs. S. S. Reid*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed *2/4/1916* (28) *H. P. Rogers*

\*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.

M. R.—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.

McCaw, of Columbia.