

Form No. 1

## (1) PLACE OF BIRTH

County of *M<sup>c</sup> Cormick*

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.)

(2) Full Name of Child *John Thomas*

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

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Nov 30, 22*  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME *John Thomas*(9) PRESENT POSTOFFICE OF FATHER *Mt. Carmel, S. C.*(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *31* (Years)(12) BIRTHPLACE *Abbeville Co*(13) OCCUPATION *Farm hand*(20) Number of children born to mother, including present birth *2*

## MOTHER

(14) NAME BEFORE MARRIAGE *Isabee Smith*(15) PRESENT POSTOFFICE OF MOTHER *Mt. Carmel, S. C.*(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *29* (Years)(18) BIRTHPLACE *Abbeville Co*(19) OCCUPATION *Farm hand*(21) Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was.... *born* ..... at *11 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Mancy Scott*(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Mt. Carmel, S. C.*

Given name added from a supplemental report

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

(27) Filed *Dec 7 22* (28) *D. J. McCall* 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.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

39326

Registration District No. *4504* Registered No. ....  
(For use of Local Registrar)

(No. .... St.; .... Ward)

MADE BY COLUMBIA, S. C. 1917. THIS FORM IS A REPRODUCTION OF THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., IN QUESTION 5.