

Form No. 1

(1) PLACE OF BIRTH

County of

Christianfield
Atkins

Township of

or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Register No.

57152

Registration Number No. *1700*Registered No. *43*
(For use of Local Registrar)

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) SEX
Males(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?

(7) DATE OF BIRTH

*Girl**1**1**Yes**July 12, 1936*

FATHER

MOTHER

(8) FULL
NAME*William Hugh*(14) NAME BEFORE
MARRIAGE*Rosa Hugh*(9) PRESENT
POSTOFFICE
OF FATHER*Mc Bee*(15) PRESENT
POSTOFFICE
OF MOTHER*Mc Bee*(10) COLOR
OR
RACE*Color*(11) AGE AT LAST
BIRTHDAY*2 1/2*
(Years)(16) COLOR
OR
RACE*Color*(17) AGE AT LAST
BIRTHDAY*2 1/2*
(Years)

(12) BIRTHPLACE

Christianfield County

(18) BIRTHPLACE

Beaufort Co.

(13) OCCUPATION

Farming

(19) OCCUPATION

Farming(20) Number of children born to
mother, including present birth*1*(21) Number of children of this mother
now living, including present birth*3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Female* *1936*
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature)

Maemie Carson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Mc Bee St*Given name added from a supplement-
ary report

(26) Witness

(27) Signature of Witness necessary only
if question 25 is signed by mother

(28) Date

July 12, 1936

(29)

J. M. Butler
Local RegistrarWhen there was no attending physician or midwife, the father, grandfather, etc., should make this return. If
child breathes even once, it must not be regarded as stillborn. Be carefully advised of conditions before the
child is buried or cremated.