

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3905

Registration District No. 21

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

1) BOY OR GIRL?

2) Twin or Triplet?

3) Number in order of birth

4) Are Parents Married?

5) DATE OF BIRTH

Feb 6 1920

FATHER.

6) FULL NAME

7) PRESENT POSTOFFICE OF FATHER

8) COLOR OR RACE

9) BIRTHPLACE

10) OCCUPATION

11) Number of children born to mother, including present birth

MOTHER.

12) NAME BEFORE MARRIAGE

13) PRESENT POSTOFFICE OF MOTHER

14) COLOR OR RACE

15) BIRTHPLACE

16) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

Born alive or stillborn

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplementary report

(26) Witness

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

(27) Filed

Feb 12 1920 Mrs. E. J. King Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.