

MADE IN THE U.S.A. FOR EXPORT

WRITE PLAINLY, WITH CAPITAL LETTERS IN A READABLE HAND. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. TIDE OTHER, No. 2, etc., in question 5.

Form No. 1

(1) PLACE OF BIRTH

County of Albermarle  
 Township of Rocky  
 or  
 Inc. Town of Y. L. S. P.  
 or  
 City of Y. L. S. P.

(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

34095

Registration District No. 1607 Registered No. 12  
 (For use of Local Registrar)

(2) Full Name of Child

Cara L. B. B. B. (No. 1 St.; 12 Ward)  
 (If child is not yet named, make supplemental report as directed)

(3) BOY or GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Married (7) DATE OF BIRTH Sept 22  
 To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Neal Bird  
 (9) PRESENT POSTOFFICE OF FATHER Lane  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20  
 (12) BIRTHPLACE S. C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Flora Jackson  
 (15) PRESENT POSTOFFICE OF MOTHER Lane S. C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24  
 (18) BIRTHPLACE S. C.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Jane  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lane S. C.

Given name added from a supplemental report

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

(27) Filed 1725/22 (28) W. S. Rogers  
 Registrar 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.