

Form No. 1

## (1) PLACE OF BIRTH

County of Cayuga  
 Township of Rich. H. H.  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35975

Registration District No. 3612Registered No. 78  
(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 Alfred Frank Ament (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? Yes (7) DATE OF BIRTH 10/12/27  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Robert H. Ament  
 (9) PRESENT POSTOFFICE OF FATHER Ravenscroft S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37  
 (12) BIRTHPLACE Ch. C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 3

MOTHER  
 (14) NAME BEFORE MARRIAGE Georgia C. Ament  
 (15) PRESENT POSTOFFICE OF MOTHER Ravenscroft S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28  
 (18) BIRTHPLACE Ch. C.  
 (19) OCCUPATION Domestic  
 (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 Alfred at 9 a.m.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. L. B. Boone (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Ravenscroft S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
 (27) When 10/18/27 (28) J. F. Ament 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 25th month of pregnancy.

When twins or triplets are a separate blank for each child, and mark the first-born, No. 1, the other, No. 2, etc., in question 5.