

Form No. 1

(1) PLACE OF BIRTH

County of DurhamTownship of Maryesville

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

12988

Registration District No. 4102Registered No. 13
(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 Anna Peterson

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

3) BOY OR GIRL Girl(4) Twin or Triplet? Yes(5) Number in order of birth
To be answered only in event of Twin or Triplet(6) Are Parents Married? Yes(7) DATE OF BIRTH Mar 3, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Harry Peterson(9) PRESENT POSTOFFICE OF FATHER Philola SC(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 47
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Ironman(20) Number of children born to mother, including present birth 10

MOTHER

(14) NAME (maiden name) Anna Peterson(15) PRESENT POSTOFFICE OF MOTHER Philola SC(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 35
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 11:30 AM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Irene J. Semann(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Philola SC

Given name added from a supplemental report

(26) Witness _____

Signature of _____
when question 23 is signed by work

(27) _____

19

(28)

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.

MARGIN RESERVED FOR BINDING.
WHITE PLAINLY WITH ENVELOPING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.