

Form No. 1

(1) PLACE OF BIRTH

County of histusie
Township of mt. Croghan
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

Registration District No. 1205

File No. — For State Registrar Only

41674

Registered No. 83
(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 not named

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 Parents Married? No (7) DATE OF BIRTH Oct 21 22
(Month of Month) (Day) (Year)

FATHER.

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

MOTHER.

(14) NAME BEFORE MARRIAGE Ret. Hamilton
(15) PRESENT POSTOFFICE OF MOTHER mt. Croghan S.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35 (Years)
(18) BIRTHPLACE N.C.
(19) OCCUPATION Farm Hand
(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 born alive 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Gately Leah
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife mt. Croghan S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mar)

(27) (Signature) G. B. Redfern (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.