

Form No. 1

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Orangeburgor  
Inc. Town of .....or  
City of .....

(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

Registration District No. 013 Registered No. 130

File No.—For State Registrar Only

31708

(For use of Local Registrar)

(2) Full Name of Child Elvina Primula If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 21, 1922</u> (Name of Month) (Day) (Year)
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## FATHER

(8) FULL NAME Sirola Primula(9) PRESENT POSTOFFICE OF FATHER Orangeburg, S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 21  
(Years)(12) BIRTHPLACE Orangeburg, Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

## MOTHER

(14) NAME BEFORE MARRIAGE Minnie Canley(15) PRESENT POSTOFFICE OF MOTHER Orangeburg, S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 16  
(Years)(18) BIRTHPLACE Orangeburg, Co(19) OCCUPATION Farm Helper(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 7 A.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Elizabeth Allen(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Orangeburg, S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept. 27, 1922 (28) R. L. Fairley 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.

REMARKS OF COLUMBIA, COLUMBIA, S. C. PRINTED-BOHN, NO. 1, THE OTHER, NO. 2, etc., in question 5.