

Form No. 1

(1) PLACE OF BIRTH

County of Richland
Township of Antler
or
Inc. Town of
or
City of Hopkins

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only
5124

Registration District No. 380.3

Registered No. 76
(For use of Local Registrar)

(2) Full Name of Child

William G. Grier

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

July 18, 1923

FATHER

(8) FULL NAME

Henry Jackson

(9) PRESENT POSTOFFICE OF FATHER

Hopkins

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

33

(12) BIRTHPLACE

Hammer

(13) OCCUPATION

MOTHER

(14) NAME BEFORE MARRIAGE

Catharine Gibson

(15) PRESENT POSTOFFICE OF MOTHER

Hopkins

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

26

(18) BIRTHPLACE

(19) OCCUPATION

Hammer

(20) Number of children born to mother, including present birth

4

(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 8 M.,
(Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature)

Rebecca Kinard

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

3/3/23

19

(28)

Mrs. J. J. Kinard
Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.