

Form No. 1

## (1) PLACE OF BIRTH

County of .....

Township of .....

Inc. Town of .....

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. 912

No. for this Register City  
608Registered No. 2  
(For use of Local Registrar)

## (2) Full Name of Child

Jama Perkins

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

(3) SEX OF CHILD Boy	(4) Type of Toilet To be reported only in event of Toilet or Toilet	(5) Number in order of birth	(6) Age at birth 1 year	(7) DATE OF BIRTH Jan 10 1927 (Name of Month) (Day) (Year)
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<b>FATHER.</b> (8) FULL NAME <u>Samuel Perkins</u> (9) PRESENT POSTOFFICE OF FATHER <u>Marbleton</u> (10) COLOR OR RACE <u>Black</u> (11) AGE AT LAST BIRTHDAY <u>27</u> (12) BIRTHPLACE <u>Yach</u> (13) OCCUPATION <u>Patron</u> (14) Number of children born to mother, including present birth <u>8</u>		<b>MOTHER.</b> (15) NAME BEFORE MARRIAGE <u>Martha Dickerson</u> (16) PRESENT POSTOFFICE OF MOTHER <u>Marbleton</u> (17) COLOR OR RACE <u>Black</u> (18) AGE AT LAST BIRTHDAY <u>30</u> (19) BIRTHPLACE <u>Yach</u> (20) OCCUPATION <u>Housewife</u> (21) Number of children of this mother now living, including present birth <u>7</u>	
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Signature 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

10

(28)

19 .....

Local Registrar

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