

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

Mary G. G. G.

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH *24 19 22*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Geo G. G.

(9) PRESENT POSTOFFICE OF FATHER

W. W. W.

(10) COLOR OR RACE

W. W. W.

(11) AGE AT LAST BIRTHDAY

30
(Years)

(12) BIRTHPLACE

W. W. W.

(13) OCCUPATION

Farmer

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

16

MOTHER.

(14) NAME BEFORE MARRIAGE

Ellen G. G.

(15) PRESENT POSTOFFICE OF MOTHER

W. W. W.

(16) COLOR OR RACE

W. W. W.

(17) AGE AT LAST BIRTHDAY

24
(Years)

(18) BIRTHPLACE

W. W. W.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

16

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... *at 10 P.M.* ...
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)

Caroline S. S.

(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

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.

MOBAY OF COLUMBIA, COLUMBIA, S. C.

THIS IS A SEPARATE BLANK FOR EACH CHILD, and under the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.