

Form No. 1

(1) PLACE OF BIRTH

County of SalisburyTownship of Warren

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. 1410

File No. — For State Registrar Only

17319

Registered No. 40
(For use of Local Registrar)(2) Full Name of Child Arnold & Rex

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

7. <input checked="" type="checkbox"/> GIRL	8. Twin or Triplet To be answered only in event of Twin or Triplet	9. Number in order of birth	10. Are Parents Married <u>yes</u>	11. DATE OF BIRTH <u>Jan 17, 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
12. FULL NAME <u>Bend & Pell</u>			13. NAME BEFORE MARRIAGE <u>White & Jones</u>	
14. PRESENT POSTOFFICE OF FATHER <u>S. M. M. M.</u>			15. PRESENT POSTOFFICE OF MOTHER <u>A. M. M. M.</u>	
16. COLOR OR RACE <u>Caubard</u>	17. AGE AT LAST BIRTHDAY (Years) <u>40</u>	18. COLOR OR RACE <u>Caubard</u>	19. AGE AT LAST BIRTHDAY (Years) <u>35</u>	
20. OCCUPATION <u>farmer</u>			21. OCCUPATION <u>farmer</u>	
22. Number of children born to mother, including present birth <u>6 children</u>			23. Number of children born to mother now living, including present birth <u>6 children</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was... alive ...at 3 ...M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(25) (Signature) M. M. M. M.(26) State whether Physician or Midwife Physician Address of Physician or Midwife Salisbury, S.C.

Given name added from a supplemental report

(27) Witness

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

(28) Filed July 5, 1923(29) R. M. M. M.
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.