

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

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

File No. - for State Registrar Only

17126

Registration District No. 1101 Registered No. 21

(For use of Local Registrar)

(2) Full Name of Child

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) Age of child at birth

yes

(7) DATE OF BIRTH

June 25, 1933

(8) FULL NAME

P. H. Casals

(9) PRESENT POSTOFFICE OF FATHER

Cornwall SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

39

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

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

1 born

(15) NAME BEFORE MARRIAGE

Jim H. H. H.

(16) PRESENT POSTOFFICE OF MOTHER

Cornwall SC

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

34

(19) BIRTHPLACE

SC

(20) OCCUPATION

Domestic

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

1 living

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.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Given name added from a supplemental report

(27) Witness

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

(28) Filed

6/30

(29) 1933

(30) 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

McCann of Columbia, Columbia, S. C.