Form No. 1

CERTIFICATE OF BIRTH

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

File No.— For State Registrar Only: 1693

(1) PLACE OF BIRTH

County of Marlboro,
Township of Smithville,
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.)

Registration District No. 3306. Registered No. 11 (For use of Local Registrar)

(2) Full Name of Child: Geneva [illegible] (If child is not yet named, make supplemental report as directed)

(3) Sex of Child — (4) Twin or Triplet? (5) Number in order of birth (To be answered only in event of Twins or Triplets) (6) Are Parents Married? [illegible] (7) Date of Birth: Feb. 26, 1923. (Month) (Day) (Year)

FATHER

(8) Full Name: [illegible]

(9) Present Postoffice of Father: [illegible], S.C.

(10) Color or Race: [illegible] (11) Age at Last Birthday: [illegible] (Years)

(12) Birthplace

(13) Occupation: [illegible]

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

MOTHER

(14) Name Before Marriage: [illegible]

(15) Present Postoffice of Mother: Bennettsville, S.C.

(16) Color or Race: White. (17) Age at Last Birthday: [illegible] (Years)

(18) Birthplace

(19) Occupation: [illegible]

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Jno. [illegible] Physician or Midwife

(24) Address of Physician or Midwife: Cheraw, S.C.

Given name added from a supplemental report ...... 19......

...... Registrar

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

Filed ...... 23 (25) W. M. [illegible], Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If no child breathes even ...... stillborn. ...... is desired of stillbirths ...... of pregnancy.