

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and omit the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

Form No. 1

(1) PLACE OF BIRTH

County of A. B. ...
Township of ...
OF
Inc. Town of ...
OF
City of ...

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5590

Registration District No. 11.3 Registered No. 8
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. ... St.; ... Ward)

(2) Full Name of Child David Turner If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 13 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME ...
(9) PRESENT POSTOFFICE OF FATHER Abbeville SC
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 44 (Years)
(12) BIRTHPLACE Abbeville SC
(13) OCCUPATION Turner
(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE ...
(15) PRESENT POSTOFFICE OF MOTHER Abbeville
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 32 (Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 PM. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Johnson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville SC

Given name added from a supplemental report

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

(27) Filed Mar 13 1923 (28) William H. ... 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.