

FORM NO. 1.

(1) PLACE OF BIRTH

County of DeWittTownship of 2. 27 JamesInc. 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
48195Registration District No. 101 Registered No. 3. 101

(For use of Local Registrar)

(2) Full Name of Child Arnold Alexander

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

(3) BOY OR GIRL?	(4) Twin or Triplet? / <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 14</u> <u>1914</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Hoover, Samuel Woodruff</u>			(14) NAME BEFORE MARRIAGE <u>Fannie Lamb</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Summerville 36</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Summerville 36</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)	
(12) BIRTHPLACE <u>Cottagesville</u>			(18) BIRTHPLACE <u>near Padburg</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House work</u>	
(20) Number of children born to mother, including present birth <u>eight</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Carl Vanner at Summerville 36 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Summerville 36

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

Feb 3. 1914D. N. L. P. 1914
Registrar(26) Witness C. M. Vanner
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb 14 1914 (28) D. N. L. P. 1914
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.

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 mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCay, of Columbia