

Form No. 1

(1) PLACE OF BIRTH

County of Cornwall
 Township of Millmont
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

12252

Registration District No. 3612 Registered No. 103
 (For use of Local Registrar)

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

(2) Full Name of Child

Mary Emma (If child is not yet named, make supplemental report as directed)

3 SEX-
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF BIRTH July 10 19238 FULL
NAME9 PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE

12 BIRTHPLACE

13 OCCUPATION

20 Number of children born to
mother, including present birth

FATHER

(11) AGE AT LAST
BIRTHDAY(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

MOTHER

(17) AGE AT LAST
BIRTHDAY

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23)

(Signature)

(24)

State

Physician or Midwife

(25) Address of Physician or Midwife

(26)

Given name added from a supplemen-
 tal report

(28) Witness

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

(27) Filed

Jan 10 1924

(29)

J. A. Ponce

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