

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town ofor  
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

Registration District No. 40.3

File No. - For State Registrar Only  
3474BRegistered No. 30  
(For use of Local Registrar)

## (2) Full Name of Child

Henry Perkins

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

(3) SEX OF CHILD  
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

11/28

1923

(Month of Birth) (Day) (Year)

## FATHER.

(8) FULL NAME

Henry Perkins

(9) PRESENT POSTOFFICE OF FATHER

Bamberg

(10) COLOR OR RACE

Eal

(11) AGE AT LAST BIRTHDAY

26

(12) BIRTHPLACE

Bamberg

(13) OCCUPATION

farming

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Adeline Steward

(15) PRESENT POSTOFFICE OF MOTHER

Bamberg

(16) COLOR OR RACE

Eal

(17) AGE AT LAST BIRTHDAY

21

(18) BIRTHPLACE

Bamberg S.C.

(19) OCCUPATION

domestic

(21) 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, Alive on the date above stated. (Born alive or stillborn) (Hour of Birth) (P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 11/28/23

(28) 1923

(29) 11/28/23

(30) 11/28/23

(31) 11/28/23

(32) 11/28/23

(33) 11/28/23

(34) 11/28/23

(35) 11/28/23

(36) 11/28/23

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns 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 1.

Bureau of Statistics, Columbia, S. C.