Form No 1.

CERTIFICATE OF BIRTH

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

(1) **PLACE OF BIRTH**

County of ...Richland...

Township of ...Town...
or
Inc. Town of ....
or
City of ....

Registration District No. 3803 Registered No. 190

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar only
66087

(2) **Full Name of Child** Arthur Logan

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

(3) BOY or	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH

FATHER	**MOTHER**
(8) FULL NAME Allan Logan	(14) NAME BEFORE MARRIAGE Martha Hunter
(9) PRESENT POSTOFFICE OF FATHER Eastover	(15) PRESENT POSTOFFICE OF MOTHER Eastover
(10) COLOR OR RACE Negro	(11) AGE AT LAST BIRTHDAY 21 (Years)	(16) COLOR OR RACE Negro	(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE SC	(18) BIRTHPLACE SC
(13) OCCUPATION Farm	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 1	(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 ..... at ..... 6 ..... o'clock A. M. or P. M.)
on the date above stated. (Born alive or stillborn.)

(23) (Signature) Emma Rankin

(24) State whether Physician or Midwife Midwife ..... Address of Physician or Midwife EASTOVER.

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

(25) Witness ....

(26) Filed .... 19.....

Local Registrar