

Form No. 1.

(1) PLACE OF BIRTH
County of Providence
Township of Lower
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 this registration
66087

Registration District No. 3803 Registered No. 180
(For use of Local Authorities)

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

(2) Full Name of Child Arthur Logan

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

(a) BOY OR GIRL <u>Boy</u>	(b) Twin or Triplet? <u>No</u>	(c) Number in order of birth <u>1st</u>	(d) Age of Parents Father? <u>40</u> Mother? <u>36</u>	(e) DATE OF BIRTH <u>June 21, 1914</u> (Day & Month (Year))
(f) FULL NAME FATHER <u>Allan Logan</u>			(g) NAME BEFORE MARRIAGE MOTHER <u>Martha Norton</u>	
(h) PRESENT POSTOFFICE OF FATHER <u>Cortina</u>			(i) PRESENT POSTOFFICE OF MOTHER <u>Cortina</u>	
(j) COLOR OR RACE <u>Negro</u>	(k) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(l) COLOR OR RACE <u>Negro</u>	(m) AGE AT LAST BIRTHDAY <u>36</u> (Years)	
(n) BIRTHPLACE <u>S.C.</u>			(o) BIRTHPLACE <u>S.C.</u>	
(p) OCCUPATION <u>Farmer</u>			(q) OCCUPATION <u>Housewife</u>	
(r) Number of children born to mother, including present birth <u>1</u>			(s) Number of children of the mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature) Ernest A. Eastover
(25) State whether Physician or Midwife (Sign address of residence or office)

EASTOVER

Where name called from a supplementary report

(26) Witness
(Signature of witness)
(Name and address of witness)

(27) Filed
(Signature of official)
(Name and address of official)

When there were no attending physician or midwife, the father, householder, etc., should make this return. If no child survives, state so, and the report is directed to be destroyed before the next census or registration.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
M. 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.
Bureau of Columbia