

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Northville
 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

36037

Registration District No. 26.20 Registered No. 82
 (For use of Local Registrar)

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

(2) Full Name of Child Samuel Stroman

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

(3) 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 Oct 16, 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Abraham Stroman
 (9) PRESENT POSTOFFICE OF FATHER Orangeburg, S.C.
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 21
 (Year)
 (12) BIRTHPLACE Orangeburg, S.C.
 (13) OCCUPATION Work on Farm

MOTHER.

(14) NAME BEFORE MARRIAGE Mazara Whaley
 (15) PRESENT POSTOFFICE OF MOTHER Orangeburg, S.C.
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 18
 (Year)
 (18) BIRTHPLACE Orangeburg, S.C.
 (19) OCCUPATION Work on Farm

(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 10 a.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jena Goodley

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

Midwife Orangeburg, S.C.

Given name added from a supplemental report

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

(27) Filed 11-6-22 (28) M. T. H. Duiker
 Registrar 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.

WRITE PLAINLY, WITH UNFADING INK, IN A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.