

Form No. 1

(1) PLACE OF BIRTH

County of Anderson
Township of Wadesboro
or
In 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

4322

Registration District No. 2204 Registered No.
(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 Little Edward If child is not yet named, make supplemental report as directed

1. BOY OR GIRL Girl 2. Twin or Triplet No 3. Number in order of birth 1 4. Are Parents Married? Yes 5. DATE OF BIRTH Feb 23 19 23
(Name of Month) (Day) (Year)

FATHER.

6. FULL NAME John Howard
7. PRESENT POSTOFFICE OF FATHER Summerville
8. COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 38
9. BIRTHPLACE SC (Year)
10. OCCUPATION Farmer
11. Number of children born to mother, including present birth 4

MOTHER.

12. NAME BEFORE MARRIAGE Ella Howard
13. PRESENT POSTOFFICE OF MOTHER Summerville
14. COLOR OR RACE Caucasian (15) AGE AT LAST BIRTHDAY 39
15. BIRTHPLACE SC (Year)
16. OCCUPATION Housewife
17. Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Truman H. Murphy
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Summerville

(26) Give name added from a supplemental report

(28) Witness (Signature of Witness necessary only when question 24 is signed by mark)

(29) Date Feb 25 19 23 (30) Truman H. Murphy Local Registrar

*When there was no physician or midwife, then the father, householder, etc., should make this return. If a child breathed even once, it shall be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

RECEIVED BY CLERK OF THE BOARD OF HEALTH
In case of TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD and mark the
ILLUSTRATION No. 1. THIS OFFICE, No. 2, etc., in question 5.