

Form No. 1

(1) PLACE OF BIRTH

County of *Mecklenburg*Township of *Int. Clin.*or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19325

Registration District No. *8004* Registered No. *37*

(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child *not named*

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

(3) SEX OR
GIRL *girl*(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH *June 12, 1932*

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL
NAME *Mr. McDonald*(9) PRESENT
POSTOFFICE
OF FATHER *Elliott S.C.*(10) COLOR
OR
RACE *White*(11) AGE AT LAST
BIRTHDAY *Don't know*

(Years)

(12) BIRTHPLACE *See E.C.*(13) OCCUPATION *Manager*(14) Number of children born to
mother, including present birth *1*

MOTHER.

(14) NAME BEFORE
MARRIAGE *Ada Johnson*(15) PRESENT
POSTOFFICE
OF MOTHER *Elliott S.C.*(16) COLOR
OR
RACE *negro*(17) AGE AT LAST
BIRTHDAY *Don't know*

(Years)

(18) BIRTHPLACE *See E.C.*(19) OCCUPATION *Domestic*(20) 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 at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Ariane M. Mitchell*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Elliott S.C.*Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed *June 22, 1932*(28) *Newton Elmore*

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.

N. B.—In case of TWINS OR TRIPLETS, the child must be reported as born, even if it dies before the fifth month of pregnancy. In such cases, the child must be reported as born, even if it dies before the fifth month of pregnancy. In such cases, the child must be reported as born, even if it dies before the fifth month of pregnancy.