

Form No. 1

(1) PLACE OF BIRTH

County of AlbanyTownship of Lowndesville

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. Registered No. 22

(For use of Local Registrar)

(2) Full Name of Child Eric

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Sex of Parent Married

(7) DATE OF BIRTH

(Month of birth) (Day) (Year)

(8) FULL NAME

(9) PRESENT ADDRESS OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth

(14) NAME BEFORE MARRIAGE

(15) PRESENT ADDRESS OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) 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.)

(22) (Signature) Dr. J. H. H. H.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

(Given name added from a supplemental report)

(25) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(26) Filed

May 10 1923

(27)

Dr. J. H. H. H.

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.

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 1.

Bureau of Columbia, Columbia, S. C.