

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. 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 1.

Form No. 1, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Cherokee</u>		STATE OF SOUTH CAROLINA		27523	
Township of <u>Cherokee</u>		Bureau of Vital Statistics			
City of .....		State Board of Health			
Inc. Town of .....		Registration District No. <u>901</u>		Registered No. <u>123</u>	
City of .....		(No. .... St.; .... Ward)		(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 <u>Wm. Moultrie</u> <span style="float: right;">(If child is not yet named, make supplemental report as directed)</span>					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth	(6) Sex <u>male</u>	(7) DATE OF BIRTH <u>Sept 21, 1923</u>	(8) (Name of Month) (Day) (Year)
FATHER.			MOTHER.		
(9) FULL NAME <u>Wm. Moultrie</u>			(14) NAME BEFORE MARRIAGE <u>Hester isakley</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Mt Pleasant</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Mt Pleasant</u>		
(16) COLOR OR RACE <u>Negro</u>			(17) AGE AT LAST BIRTHDAY <u>45</u>		
(18) BIRTHPLACE <u>S.C.</u>			(19) BIRTHPLACE <u>L.C.</u>		
(20) OCCUPATION <u>Farmer</u>			(21) OCCUPATION <u>Housewife</u>		
(22) Number of children born to mother, including present birth <u>Two</u>			(23) Number of children of this mother now living, including present birth <u>Two</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(24) I hereby certify that I attended the birth of this child, who was .... at <u>11 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(25) (Signature) <u>Long Single</u>					
(26) State whether Physician or Midwife <u>Midwife</u>					
(27) Address of Physician or Midwife <u>Mt Pleasant S.C.</u>					
Given name added from a supplemental report					
(28) Witness <u>Wm. Moultrie</u>					
(29) Filed <u>Sept 28, 1923</u>					
(30) Local Registrar <u>Wm. Moultrie</u>					

\*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.