

N. B.—In case of twins or triplets use a separate blank for each child and mark the first-born, No. 1, the second, No. 2, and so on.

(1) PRELIMINARY INFORMATION

County of Franklin  
 Township of State River  
 Loc. Power off  
 City of State River

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Division of Vital Statistics  
 State Department Building

Form No. 1 For State Registrar Only

911111

Registration District No. 100 Registered No. 100  
 (For use of Local Registrar)

(2) Full Name of Child

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

1. Sex Male 2. Date of Birth Jan 7 1907 3. Number of Children 1 4. Age 0 5. Birth Order 1  
 (If born in hospital or other institution, give name of same instead of street and number.)

FATHER		MOTHER	
1. Full Name <u>John Henry</u>	2. Name & Surname <u>Nathaniel Brown</u>	3. Present Residence <u>Little River S.C.</u>	4. Present Residence <u>Little River S.C.</u>
5. Color <u>Black</u>	6. Color <u>Black</u>	7. Age at Last Birth <u>24</u>	8. Age at Last Birth <u>24</u>
9. Occupation <u>Farmer</u>	10. Occupation <u>Farmer</u>	11. Address <u>State River S.C.</u>	12. Address <u>State River S.C.</u>
13. Whether child is born to a mother who is a widow <u>Yes</u>	14. Whether child is born to a mother who is a widow <u>Yes</u>		

(22) I hereby certify that I attended the birth of this child, who was born alive and born on the date above stated.

(23) (Signature) John Henry (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife State River S.C.

Given name added from a supplemental report None (26) Witness John Henry (27) Filed Jan 7 1907 Local Registrar

\*When there was no attending physician or midwife, when the father, householder, etc., should make a statement 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.