

Form No. 1

(1) PLACE OF BIRTH

County of Marble
 Township of Bismarck
 OR
 Inc. 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

39405

Registration District No. 3347Registered No. 43
(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 Clara Mae Townsend If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 27, 27
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Howard Townsend
 (9) PRESENT POSTOFFICE OF FATHER Blenheim St
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24
 (Years) (12) BIRTHPLACE Marble
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Iola Covington
 (15) PRESENT POSTOFFICE OF MOTHER Blenheim St
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24
 (Years) (18) BIRTHPLACE Marble
 (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 3
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lucia Miles
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Blenheim St

Given name added from a supplemental report

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 2, 1927 (28) W. H. Evans 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.

THIS IS A PRELIMINARY REPORT. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS TO BE USED ONLY FOR THE PURPOSE OF RECORDING THE BIRTH OF A CHILD. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS TO BE USED ONLY FOR THE PURPOSE OF RECORDING THE BIRTH OF A CHILD.