

Form No. 1

(1) PLACE OF BIRTH

County of Dumfries
Township of Providence
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
16042

Registration District No. H.1.04 Registered No. 149
(For use of Local Registrar)

(No. St.; Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Smith If child is not yet named, make supplemental report as directed

3 BOY OR GIRL? girl 4 Twin or Triplet? --- 5 Number in order of birth --- 6 Are Parents Married? yes 7 DATE OF BIRTH May 2, 1929
(Name of Month) (Day) (Year)
To be covered only in event of Twins or Triplets

FATHER.
8 FULL NAME John Smith
9 PRESENT POSTOFFICE OF FATHER Jinlet S.C.
10 COLOR OR RACE Colored 11 AGE AT LAST BIRTHDAY 28 (Year)
12 BIRTHPLACE Dumfries County
13 OCCUPATION Farm in

MOTHER.
14 NAME BEFORE MARRIAGE Anna Wilder
15 PRESENT POSTOFFICE OF MOTHER Jinlet S.C.
16 COLOR OR RACE Colored 17 AGE AT LAST BIRTHDAY 46 (Year)
18 BIRTHPLACE Dumfries County S.C.
19 OCCUPATION Field House work
20 Number of children born to mother, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
(22) I hereby certify that I attended the birth of this child, who was white at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harriet Taylor (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Jinlet S.C.

(Given name added from a supplemental report)
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..... 19 ..
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 5-3-1929 (28) J. P. Broadway Local Registrar

If on there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

F E E T Y A I L M A