

Form No. 1.

(1) PLACE OF BIRTH

County of Georgetown

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42884

Township of

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.)

Registration District No. 21Registered No. 127

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

Maudie

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) BIRTHPLACE

(12) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

Jan 5 191

(28)

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.

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

N. E.—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 8.

McKay, of Columbia.