

Form No. 1

(1) PLACE OF BIRTH

County of Charleston S.C.  
 Township of Charleston  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. ....)

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

18008

Registration District No. ....

Registered No. ....  
 (For use of License Registrar)

If birth occurs in a hospital or other institution, give name of same (number of floors and number) .....

(2) Full Name of Child R. J. Pettit

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

(3) SEX OF CHILD Male  
 (4) Twin No  
 (5) Number in order of birth 1st  
 To be answered only in case of twins or triplets

(6) Age 25  
 (7) Date of birth Jan 22, 1908  
 (8) Sex of mother Female  
 (9) Sex of father Male

(10) FULL NAME OF FATHER Robert E. Pettit

(11) NAME BEFORE MARRIAGE Bessie L. Parker

(12) PRESENT POSTOFFICE OF FATHER Grover N.C. R.D. #1

(13) PRESENT POSTOFFICE OF MOTHER Grover N.C. R.D. #1

(14) COLOR OR RACE White

(15) COLOR OR RACE White

(16) BIRTHPLACE South Carolina

(17) BIRTHPLACE South Carolina

(18) OCCUPATION Carpenter

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) Signature of Physician or Midwife Bessie L. Parker

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Grover N.C.

Given under my hand and seal of the State Board of Health this ..... day of ..... 1908.

(26) Signature of Registrar Thos. H. ...

(27) State whether necessary only

(28) Signature of Registrar Thos. H. ...