

Form No. 1

(1) PLACE OF BIRTH

County of

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No. - For State Registrar Only

6279

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

1

(6) Are Parents Married?

no

(7) DATE OF BIRTH

Feb 1, 1923

(Name of Month) (Day) (Year)

(8) FULL NAME

Paul Ingeble

(9) PRESENT POSTOFFICE OF FATHER

Mt Pleasant S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

21 (Years)

(12) BIRTHPLACE

7 mile Mt. Pleasant S.C.

(13) OCCUPATION

Farmer

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

1 One

MOTHER.

(14) NAME BEFORE MARRIAGE

Patsy Porcher

(15) PRESENT POSTOFFICE OF MOTHER

Gwendaw S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

17 (Years)

(18) BIRTHPLACE

Gwendaw S.C.

(19) OCCUPATION

Farm Work

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

1 One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature)

Rose Jackson

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Midwife Mt. Pleasant S.C.

(25) Given name added from a supplemental report

(26) Witness

Sammy Porcher

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

(27) Filed

Feb 10, 1923

(28) J. H. Hines

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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

Section of Columbia, Columbia, S. C.