

Form No. 1

(1) PLACE OF BIRTH

County of Rowan
Township of St. George
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

No. for State Registrar
36971

Registration District No 34.1A Registered No. 74
(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

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

(a) SEX OF CHILD <u>Boy</u>	(b) Type or Trade <u>To be reported only in case of Trade or Trade</u>	(c) Number in order of birth	(d) Sex of mother <u>Yes</u>	(e) DATE OF BIRTH <u>Oct 15 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(1) NAME BEFORE MARRIAGE <u>Geo. Will</u>			(1) NAME BEFORE MARRIAGE <u>Anna Shepard</u>	
(2) PRESENT ADDRESS <u>Prosperity St</u>			(2) PRESENT ADDRESS <u>Prosperity St</u>	
(3) COLOR <u>Black</u>			(3) COLOR <u>Black</u>	
(4) AGE AT LAST BIRTHDAY <u>37</u>			(4) AGE AT LAST BIRTHDAY <u>31</u>	
(5) BIRTHPLACE <u>Lexington Co</u>			(5) BIRTHPLACE <u>Lexington Co</u>	
(6) OCCUPATION <u>Farmer</u>			(6) OCCUPATION <u>Housewife</u>	
(7) Number of children born to mother, including present one <u>8</u>			(7) Number of children of this mother now living, including present one <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(29) (Signature) Caroline M. Mays
(30) State whether Physician or Midwife
(31) Address of Physician or Midwife
Prosperity St

Given name added from a supplemental report

(32) Witness (Signature of Witness necessary only when question 28 is signed by mark)

(33) Filed Nov 15 1923 (34) W. T. Gibson 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.

MAKING ENTRIES FOR BIRTHS
WRITE PLAINLY. WITH UNIFORMS. THIS IS A PERMANENT RECORD.
N. B.—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 2.
Bureau of Vital Statistics, Columbia, S. C.