

Form No. 1

(1) PLACE OF BIRTH

County of BerkleyTownship of St. Stephensor
Inc. Town ofor
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

File No.—For State Registrar Only

41097

Registration District No. 705 Registered No. 140

(For use of Local Registrar)

(2) Full Name of Child Rina Halbach If child is not yet named, make supplemental report as directed(3) BOY OR GIRL 3 (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 23, 22 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Halbach(9) PRESENT POSTOFFICE OF FATHER Pineville(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Pineville(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Catharine Halbach(15) PRESENT POSTOFFICE OF MOTHER Pineville(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Pineville(19) OCCUPATION Farm-wife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Salina McCray (24) State whether Physician or Midwife (25) Address of Physician or Midwife Windsor Pineville

Given name added from a supplemental report

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

(27) Filed Dec. 28, 22 (28) W. A. Foy 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.

RECEIVED FOR RECORDING
 WHITE PLAINLY, WITH UNFADING INK—USE SEPARATE BLANK FORM FOR EACH CHILD, and mark the
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the
 FIRST-BORN. No. 1. THIS OTHER, No. 2, etc., in question 5.