

Form No 1.

## (1) PLACE OF BIRTH

County of WindsorTownship of Hopedaleor  
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

File No. — For this record only

50678

Registration District No. 4301 Registered No. 209

(For use of local health officer)

Sex: .....

## (2) Full Name of Child

Iseda Joseph

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb. 17, 1922

(Name of Month, Day, Year)

## FATHER

(8) FULL NAME

Moses Joseph

(9) PRESENT POSTOFFICE OF FATHER

Greenville, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

34 (Years)

(12) BIRTHPLACE

Scio - Ohio

(13) OCCUPATION

Merchant

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

Three

(15) NAME BEFORE MARRIAGE

Rosa John

(16) PRESENT POSTOFFICE OF MOTHER

Greenville, S.C.

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

32 (Years)

(19) BIRTHPLACE

Scio - Ohio

(20) OCCUPATION

Housewife

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

Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) Signature of Physician or Midwife

Dallas Brackford

(24) Address of Physician or Midwife

Greenville, S.C.

Given name of child (For use of hospital only)

(25) Witness

(Signature of witness necessary only when question as to name is raised)

(26) Signature of child

Iseda Joseph

\*When there was no attending physician or midwife, the father, householder, etc., should make this return, if a child was born alive, and if not, the mother should make this return.