

Form No. 1.

(1) PLACE OF BIRTH

County of Anderson
Township of Centerville
OR
Inc. Town of Centerville
OR
City of Centerville

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

File No.—For State Registrar Only
40816

Registration District No. 303 Registered No. 118
(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 Claudine

(3) girl (4) Twins (5) Number in order of birth: 1 (6) Are Parents Married? No (7) DATE OF BIRTH Dec 27 19 23
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Not married
(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.
(10) COLOR OR RACE Colored AGE AT LAST BIRTHDAY 23 (Years)
(11) BIRTHPLACE Anderson S.C.
(12) OCCUPATION Farming
(13) Number of children born to mother, including present birth Nine

MOTHER.
(14) NAME BEFORE MARRIAGE Mamie Marney
(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Abbeville S.C.
(19) OCCUPATION Domestic
(20) 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 alive at 11:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ida Campbell
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ida Campbell

Given name added from a supplemental report
(26) Witness Ida Campbell (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 3 19 23 (28) F.B. Daughton 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—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 5.