

Form No. 1

(1) PLACE OF BIRTH

County of Beaufort
 Township of Wilmington
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

334

Registration District No. 608 Registered No. 10
 (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 Maria Middleton If child is not yet named, make supplemental report as directed

3 BOY OR GIRL girl 4 Twin or Triplet To be answered only in event of Twin or Triplet 5 Sex of Person Married yes 6 DATE OF BIRTH Jan. 23 1928
 (Month) (Day) (Year)

FATHER.

7 FULL NAME James P. Middleton8 PRESENT POSTOFFICE OF FATHER Frogmore SC9 COLOR OR RACE Negro 10 AGE AT LAST BIRTHDAY 28 (Year)11 BIRTHPLACE South Carolina12 OCCUPATION Farmer13 Number of children born to mother, including present birth 2

MOTHER.

14 NAME BEFORE MARRIAGE Etta Chaplin15 PRESENT POSTOFFICE OF MOTHER Frogmore SC16 COLOR OR RACE Negro 17 AGE AT LAST BIRTHDAY 18 (Year)18 BIRTHPLACE South Carolina19 OCCUPATION Farmer20 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 6:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Maria Middleton x Frogmore S.C.

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness Nurse King
 (Signature of Witness necessary only when question 23 is signed by mark)(26) Filed Jan 23 1928 (27) 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.