

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.

McGraw-Hill, Columbia, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of Abbeville
Township of Beaufort
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

94211

Registration District No..... Registered No.....
(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 Walker Pentarvis (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 Oct 10 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Joe Pentarvis
(9) PRESENT POSTOFFICE OF FATHER St. George
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)
(12) BIRTHPLACE Sc
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Rena Blues
(15) PRESENT POSTOFFICE OF MOTHER St George
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)
(18) BIRTHPLACE Sc
(19) OCCUPATION Wife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mildred Smith
(24) State whether Physician or Midwife (25) Address of Physician or Midwife St George Sc

Given name added from a supplemental report

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

19 22 Registrar 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.