

Form No. 1

## (1) PLACE OF BIRTH

County of HorryTownship of Conway

Inc. Town of .....

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

4209

Registration District No. 2502 Registered No. 24

(For use of Local Registrar)

(2) Full Name of Child Frank

(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 28 23  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Smith(9) PRESENT POSTOFFICE OF FATHER Conway S. C.(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 25  
(Year)(12) BIRTHPLACE Horry Co(13) OCCUPATION Day man(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Leila Johnson(15) PRESENT POSTOFFICE OF MOTHER Conway S. C.(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 20  
(Year)(18) BIRTHPLACE Horry Co(19) OCCUPATION Housewife(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 alive at 11 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hennetta Col(24) State whether Physician or Midwife (25) Address of Physician or Midwife Conway S. C.

Given name added from a supplemental report

(26) Witness

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

(27) Signed Mar 7 23 (28) J. D. Dazin  
Local Registrar.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born stillborn, it should not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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