

Form No. 1

(1) PLACE OF BIRTH

County of York
 Township of Ball's Creek
 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

9517

Registration District No. 44A3 Registered No. 9
 (For use of Local Registrar)

(2) Full Name of Child Betha Simual (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

3) BOY OR GIRL? Girl 4) Twin or Triplet? 5) Number in order of birth 6) Are Parents Married? no 7) DATE OF BIRTH March 17, 1922
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Emmett Simual
 (9) PRESENT POSTOFFICE OF FATHER Unknown
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 20 (Years)
 (12) BIRTHPLACE York Co SC
 (13) OCCUPATION Preaching
 20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Lila Thomas
 (15) PRESENT POSTOFFICE OF MOTHER Sharon SCRH
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 15 (Years)
 (18) BIRTHPLACE York Co SC
 (19) OCCUPATION Farm hand
 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 born alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Midwife Frances Glenn
 (24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Sharon SCRH

Given name added from a supplemental report

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

(27) Filed March 22, 1922 (28) W. C. Mitchell 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.

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.