

Form No. 1

(1) PLACE OF BIRTH

County of Anderson
 Township of Williamston
 or
 Inc. Town of Pigeon
 or
 City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

13548

Registration District No. 28Registered No. 81

(For use of Local Registrar)

(No. _____ St. _____ Ward _____)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

3. BOY OR GIRL <u>boy</u>	4. Twin or Triplet? <u>No</u>	5. Number in order of birth <u>3</u>	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>Mar 26, 1922</u> (Name of Month) (Day) (Year)
FATHER 8. FULL NAME <u>Henry Martin</u> 9. PRESENT POSTOFFICE OF FATHER <u>Pigeon SC</u> 10. COLOR OR RACE <u>White</u> 11. AGE AT LAST BIRTHDAY <u>26</u> (Year) 12. BIRTHPLACE <u>Pikeville Kentucky</u> 13. OCCUPATION <u>Mill Work</u>			MOTHER 14. NAME BEFORE MARRIAGE <u>Pearl Brown</u> 15. PRESENT POSTOFFICE OF MOTHER <u>Pigeon SC</u> 16. COLOR OR RACE <u>White</u> 17. AGE AT LAST BIRTHDAY <u>25</u> (Year) 18. BIRTHPLACE <u>Tenn</u> 19. OCCUPATION <u>Domestic</u>	
20. Number of children born to mother, including present birth <u>3</u>			21. Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:40 P.M. on the date above stated.
 (Born alive or stillborn). (Hour A. M. or P. M.)

(23) (Signature) _____

(24) State whether Physician or Midwife _____

(25) Address of Physician or Midwife _____

Given name added from a supplemental report

(26) Witness _____

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

19 _____
Registrar(27) June 7, 1922(28) W. L. Gresham
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.