

Form No. 1

(1) PLACE OF BIRTH

County of TownfieldTownship of 4or
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Winnie Mack

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 Twins or Triplets

(5) Number in order of birth

8

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Oct 16 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ike Mack

(9) PRESENT POSTOFFICE OF FATHER

Blackstock

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

42
(Years)

(12) BIRTHPLACE

Townfield

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

8

MOTHER.

(14) NAME BEFORE MARRIAGE

Rena Mack

(15) PRESENT POSTOFFICE OF MOTHER

Blackstock

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

38
(Years)

(18) BIRTHPLACE

Townfield

(19) OCCUPATION

Farming

(21) Number of children of this mother now living, including present birth

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11:00 M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

Phauld Coleman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Normalville

Given name added from a supplemental report

(26) Witness

H. B. Johnston

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

(27) Filed

Oct 16 1922

(28)

H. T. Johnston
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.

THIS IS A PERMANENT RECORD. 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 3.

RECEIVED OF COLUMBIA, S. C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

34282

Registration District No. 4Registered No. 1
(For use of Local Registrar)

(No. St.; Ward)