

Form No. 1

(1) PLACE OF BIRTH

County of MarionTownship of Red Bluffor Inc. Town of McCallor City of SC

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

(2) Full Name of Child Raleigh Alfred Denny

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 Sept 19 1922
 (Name of Month) (Day) (Year)

FATHER.
 8) FULL NAME Harry David Denny
 9) PRESENT POSTOFFICE OF FATHER McCall SC
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 50 (Years)
 12) BIRTHPLACE Marion Co SC
 13) OCCUPATION Caston Mill Work

MOTHER.
 14) NAME BEFORE MARRIAGE May Cooper
 15) PRESENT POSTOFFICE OF MOTHER McCall SC
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 40 (Years)
 18) BIRTHPLACE Marion Co SC
 19) OCCUPATION Domestic

20) Number of children born to mother, including present birth 5
 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 Born alive at 5:20 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. W. Hansen
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife McCall SC

Given name added from a supplemental report

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

(27) Filed Sept 22 1922 (28) 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.