

Form No. 1

(1) PLACE OF BIRTH

County of Mecklenburg
 Township of Hardeeville
 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
29940

Registration District No. 1602 Registered No. 107
 (For use of Local Registrar)

City of (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 Mary McLeod Berry If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 13 22
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lawrence Berry

(9) PRESENT POSTOFFICE OF FATHER Little Rock Sc

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 53
 (Years)

(12) BIRTHPLACE Sc

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Cressy Betha

(15) PRESENT POSTOFFICE OF MOTHER Little Rock Sc

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40
 (Years)

(18) BIRTHPLACE Sc

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) D. F. Hardy MD
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Meriden Sc

Given name added from a supplemental report

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

(27) Filed Dec 15 22 (28) D. F. Hardy 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.

WITH UNFADING INK—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 5.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.