

Form No. 1

(1) PLACE OF BIRTH

County of BroadTownship of Centersor
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 Loma Samuel

{ 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 8 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 6, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Joe Samuel
(9) PRESENT POSTOFFICE OF FATHER Emory 80.
(10) COLOR OR RACE Red (11) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE Broad Co 80.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 8

MOTHER.
(14) NAME BEFORE MARRIAGE Gillie Wilson
(15) PRESENT POSTOFFICE OF MOTHER Emory 80.
(16) COLOR OR RACE Red (17) AGE AT LAST BIRTHDAY 39 (Years)
(18) BIRTHPLACE Broad Co 80.
(19) OCCUPATION Housewife
(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 Alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Smith
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Emory 80.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed May 13 1922 (28) A. B. R. L. H. C. 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.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

27767

Registration District No. 3801 Registered No. 37
(For use of Local Registrar)

(No. St.; Ward)