

Form No. 1

## (1) PLACE OF BIRTH

County of Lancaster  
 Township of Dayton  
 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  
35201

Registration District No. 2807 Registered No. 36  
 (For use of Local Registrar)

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

(2) Full Name of Child Bessie Hyatt If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 15, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Hyatt  
 (9) PRESENT POSTOFFICE OF FATHER Riverside S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 48  
 (Year) (12) BIRTHPLACE Lancaster Co.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Throver  
 (15) PRESENT POSTOFFICE OF MOTHER Riverside S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 36  
 (Year) (18) BIRTHPLACE Lancaster Co.  
 (19) OCCUPATION Domestic  
 (20) Number of children born to mother, including present birth 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive, at 5 A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Mary Mobley  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Riverside S.C.

Given name added from a supplemental report

(26) Witness C. D. Vistore  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 20, 1922 B. J. Richardson 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.

MADE BY REMOVED FOR MISSING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD and mark as FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.

MADE BY REMOVED FOR MISSING.