

Form No. 1

(1) PLACE OF BIRTH

County of SaludaTownship of No. 9or
Inc. Town ofor
City of(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 11 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Jim Clark(9) PRESENT POSTOFFICE OF FATHER Saluda SC(10) COLOR OR RACE color (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Saluda Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Leala Bryan(15) PRESENT POSTOFFICE OF MOTHER Saluda SC(16) COLOR OR RACE 1111 (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE 11111 CO(19) OCCUPATION House Wife(20) 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 St. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Leala Bryan(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Saluda SC

Given name added from a supplemental report

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

(27) Filed April 10 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.