Form No. 1

(1) PLACE OF BIRTH

County of Greenwood

Township of Bradley

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
42813

Registration District No. 230 Registered No. 21
(For use of Local Registrar)

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Girls	No		Yes	June 20 (Name of Month) 22 (Day) 1922 (Year)

To be answered only in event of Twins or Triplets

FATHER

(8) FULL NAME Henry Christensen

(9) PRESENT POSTOFFICE OF FATHER Bradley

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Abbeville Co S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 7

MOTHER

(14) NAME BEFORE MARRIAGE Lucy Howel

(15) PRESENT POSTOFFICE OF MOTHER Bradley S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Abbeville Co S.C.

(19) OCCUPATION Farmer Wife

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Agnes + Brower

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed June 20 19 22 (28) W F Devlin
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.

FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.
McCAW OF COLUMBIA, COLUMBIA, S. C.