

Form No. 1
(1) PLACE OF BIRTH
County of Pickens
Township of
or
Inc. Town of
or
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 Sarah May Freeman
If child is not yet named, make supplemental report as directed
(3) BOY OR GIRL? G
(4) Twin or Triplet?
To be answered only in case of Twins or Triplets
(5) Number in order of birth
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Apr 14 22
(Name of Month) (Day) (Year)
(8) FATHER.
(9) FULL NAME C. E. Freeman
(10) PRESENT POSTOFFICE OF FATHER Pickens S.C.
(11) COLOR OR RACE W
(12) AGE AT LAST BIRTHDAY 25
(Years)
(13) BIRTHPLACE S.C.
(14) OCCUPATION Farmer
(15) MOTHER.
(16) NAME BEFORE MARRIAGE Janie Rose
(17) PRESENT POSTOFFICE OF MOTHER Pickens S.C.
(18) COLOR OR RACE W.
(19) AGE AT LAST BIRTHDAY 20
(Years)
(20) BIRTHPLACE S.C.
(21) OCCUPATION Domestic
(22) Number of children born to mother, including present birth 2
(23) Number of children of this mother now living, including present birth 4
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(24) I hereby certify that I attended the birth of this child, who was Living at 4 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)
(25) (Signature) Allice Freeman
(26) State whether Physician or Midwife Physician
(27) State whether Physician or Midwife Physician
Given name added from a supplemental report
(28) Witness
(Signature of Witness necessary only when question 23 is signed by male)
(29) Filed July 10 1922 (30) Local Registrar
*When there was no attending physician or midwife, then the father, householder, etc., should make this report 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.

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(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Apr 14 22
(Name of Month) (Day) (Year)

(8) FATHER.
(9) FULL NAME

C. E. Freeman

(10) PRESENT POSTOFFICE OF FATHER

Pickens S.C.

(11) COLOR OR RACE

W

(12) AGE AT LAST BIRTHDAY

25
(Years)

(13) BIRTHPLACE

S.C.

(14) OCCUPATION

Farmer

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

2

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Living at 4 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Allice Freeman

(24) State whether Physician or Midwife

Physician

Given name added from a supplemental report

(28) Witness

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

(27) Filed July 10 1922

(28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report 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

19859

Registration District No. 3206

Registered No. 64
(For use of Local Registrar)