

Form No. 1

(1) PLACE OF BIRTH

County of LaurensTownship of Scuppernonor
Inc. Town of

City of

(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

Registration District No. 2905

File No. - For State Registrar Only

43322Registered No. 62
(For use of Local Registrar)

(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>Twin</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Dec 24, 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Illegitimate

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY..... (Year)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Ray

(15) PRESENT POSTOFFICE OF MOTHER Laurens, S.C. R2

(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY..... (Year) 28

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother new living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Babe Craig(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Laurens, S.C. R2

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 28, 1922 (28) F. L. Dorman Local Registrar.

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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.