

(1) PLACE OF BIRTH

County of

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

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

2-9-22

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

The Telford

(9) PRESENT POSTOFFICE OF FATHER

Richburg S C 2900

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

51

(Years)

(12) BIRTHPLACE

Charleston S C

(13) OCCUPATION

Farmer

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

Seven

MOTHER

(14) NAME BEFORE MARRIAGE

Malissa Telford

(15) PRESENT POSTOFFICE OF MOTHER

Richburg S C

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

31

(Years)

(18) BIRTHPLACE

Charleston S C

(19) OCCUPATION

Domestic

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

Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, at, on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Mattie Barker

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1922

(28)

R. T. Wainman

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.