

Form No. 1

## (1) PLACE OF BIRTH

County of RichlandTownship of ClintonInc. Town of RichlandCity of Richland

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Registrar's Use

33722

Registration District No. 3801 Registered No. 62

(For use of Local Registrar)

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

(2) Full Name of Child Memich Huston (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Type or Triplet 1 (5) Number in order of birth 1 (6) Sex Male (7) DATE OF BIRTH July 23, 1923

FATHER.

(8) FULL NAME Elmer Huston

(9) PRESENT POSTOFFICE OF FATHER Lykeland D.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 39

(12) BIRTHPLACE Richland Co.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Maggie Smart

(16) PRESENT POSTOFFICE OF MOTHER Lykeland D.C.

(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 36

(19) BIRTHPLACE Richland Co.

(20) OCCUPATION Farming

(21) 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, Memich Huston, on the date above stated.(23) (Signature) [Signature] (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lykeland D.C.

Given name added from a supplemental report

(26) Witness [Signature] (Signature of Witness necessary only when question 22 is signed by mark)(27) Date July 30, 1923 (28) Local Registrar [Signature]

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.