

Form No. 1

## (1) PLACE OF BIRTH

County of Wilkes

Township of .....

or  
Inc. Town of Walhallaor  
City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31476

Registration District No. 32 Registered No. 517  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(2) Full Name of Child George Badger Humphreys If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 2</u> , 19 <u>22</u> (Name of Month) (Day) (Year)
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## FATHER.

(1) NAME Charles Hilward Humphreys(2) PRESENT POSTOFFICE OF FATHER Walhalla(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Union Co SC(13) OCCUPATION Traveling Salesman(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Chie Maxwell(15) PRESENT POSTOFFICE OF MOTHER Walhalla(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Wilkes(19) OCCUPATION Housewife(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 white at 4 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. F. Sloan(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Walhalla S.C.

Given name added from a supplemental report

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

(27) Filed Oct 2, 1922 (28) B. F. Sloan 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.

BEARING REMINDERS FOR BIRTHING  
WHICH PLAINLY, WITH UNPAIDING INSTRUCTIONS, INSTRUCTIONS REMINDERS  
N. B.—In case of TWINNING OR TRIPLETS, see a SEPARATE BLANK FOR EACH CHILD, and make the  
PRINTED IN U.S.A. No. 1. THE OFFICIAL, No. 2, etc., in question 8.