

Form No. 1

(1) PLACE OF BIRTH

County of Horry
 Township of Conway
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

30730

Registration District No. 2502Registered No. 146
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St. Ward)

(2) Full Name of Child Luther Truman {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 26 22
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Luther Truman(9) PRESENT POSTOFFICE OF FATHER Conway S. C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE Horry Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Sadie Marlow(15) PRESENT POSTOFFICE OF MOTHER Conway S. C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE Horry Co(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 alive & a M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura Bellamy

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Nixtown 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 Sept 26 22(28) J. P. Dozer

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.

WRITED PLAINLY, WITH UNFADING INK—USE BLUE OR BLACK INK—WRITE IN FULL—DO NOT WRITE IN PENCIL—DO NOT WRITE IN RED INK—DO NOT WRITE IN INK THAT IS NOT PERMANENT RECORD, AND MARK THE FIRST-BOHN, No. 1, THE OTHER, No. 2, etc., in question 5.

MADE IN COLUMBIA, COLUMBIA, S. C.