

Form No. 1

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Middle  
 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

29749

Registration District No. 3470 Registered No. 13  
 (For use of Local Registrar)

City of ..... (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 Mary Berry If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 15, 1923  
 To be covered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Tinkie Berry  
 (9) PRESENT POSTOFFICE OF FATHER Elmore, S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Year)  
 (12) BIRTHPLACE Orangeburg Co  
 (13) OCCUPATION Farm laborer  
 (20) Number of children born to mother, including present birth Eleven

## MOTHER.

(14) NAME BEFORE MARRIAGE Eugenia Phelan  
 (15) PRESENT POSTOFFICE OF MOTHER Bowman, S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 27 (Year)  
 (18) BIRTHPLACE Orangeburg Co  
 (19) OCCUPATION Cook  
 (21) Number of children of this mother now living, including present birth Eight

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lacy Berry(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Bowman, 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 10-3-23

(28) 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.