

Form No. 1

(1) PLACE OF BIRTH

County of Abbeville
 Township of Donald
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

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

Registration District No. 105 Registered No. 14
 (For use of Local Registrar)

(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? No (5) Number in order of birth 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH 3-28-22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Oliver Searcy
 (9) PRESENT POSTOFFICE OF FATHER Donald
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 44
 (Year) (12) BIRTHPLACE Abbeville
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE T. Cora M. Drake
 (15) PRESENT POSTOFFICE OF MOTHER Donald
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 39
 (Year) (18) BIRTHPLACE Abbeville
 (19) OCCUPATION Farming
 (21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alma at 7 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. H. Carver M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife McDonald 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 April 11 1922 (28) Lucile Hunkley
 Registrar 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.