

Form No. 1

## (1) PLACE OF BIRTH

County of RichlandTownship of Bishopville

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

43365

Registration District No. 3000Registered No. 73

(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 Clara Jane Watson {If child is not yet named, make supplemental report as directed3) ~~BOY~~ OR GIRL?

4) Twin or Triplet?

(5) Number in order of birth  
To be answered only in event of Twins or Triplets(6) Are Parents Married? Y(7) DATE OF BIRTH Dec 31, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 23  
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY 16  
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at 11 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Annelie Price

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Bishopville 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 Jan 1, 1923 (28) Thos. H. J. Loney 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 sixth month of pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
MEDICAL DEPARTMENT, COLUMBIA S. C.