

Form No. 1

(1) PLACE OF BIRTH

County of CallisonTownship of Lufkin

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29136

Registration District No. 802Registered No. 104
(For use of Local Registrar)(2) Full Name of Child Pembert Archey

If child is not yet named, make supplemental report as directed

(3) SEX OR
CHILDGirl(4) Twin
or Triplet?

To be answered only in event of Twin or Triplets

(5) Number in
order of birth(6) Are
Parents
MarriedYes

(7) DATE OF

BIRTH Sept 23, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEPembert Archey(9) PRESENT
POSTOFFICE
OF FATHERCameron, S.C.(10) COLOR
OR
RACENegro(11) AGE AT LAST
BIRTHDAY36
(Year)

(12) BIRTHPLACE

Callison Co

(13) OCCUPATION

Farmer(20) Number of children born to
mother, including present birth12

MOTHER.

(14) NAME BEFORE
MARRIAGEHattie Starks(15) PRESENT
POSTOFFICE
OF MOTHERCameron S.C.(16) COLOR
OR
RACENegro(17) AGE AT LAST
BIRTHDAY25
(Year)

(18) BIRTHPLACE

Callison Co

(19) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birth12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive, at 6 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hannah Russell

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Cameron, S.C.Given name added from a supplement
report

(26) Witness

Mrs. Keller(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Sept 28, 1922(28) W. J. Keller
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.

MARGIN RESERVED FOR RECORD.

WHIPPED 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.

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