

Form No. 1

(1) PLACE OF BIRTH

County of HorryTownship of Cowhary

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

42950

Registration District No. 2502 Registered No. 205

(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 Virgie Lee Long If child is not yet named, make supplemental report as directed

| | | | | |
|------------------------------|----------------------|------------------------------|-------------------------------------|---|
| (3) BOY OR GIRL? <u>girl</u> | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Dec 22, 22</u> (Name of Month) (Day) (Year) |
|------------------------------|----------------------|------------------------------|-------------------------------------|---|

FATHER.

(3) FULL NAME Joseph M. Long(9) PRESENT POSTOFFICE OF FATHER Shell S. C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE Horry C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Effie C Todd(15) PRESENT POSTOFFICE OF MOTHER Shell S. C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Horry C.(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Elna Todd

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Shell 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 4, 1922 (28) J. P. Dyer 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.

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.

MACGAW OF COLUMBIA, COLUMBIA, S. C.