

Form No. 1

(1) PLACE OF BIRTH

County of Williamsburg
 Township of Laws
 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

32657

Registration District No. 4305 Registered No. 28
 (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 Trolley Easterling If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 16, 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Paul Easterling
 (9) PRESENT POSTOFFICE OF FATHER Salters Depot, S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 21 (Years)
 (12) BIRTHPLACE Williamsburg co., S.C.
 (13) OCCUPATION Laborer

MOTHER.
 (14) NAME BEFORE MARRIAGE Sarah Faison
 (15) PRESENT POSTOFFICE OF MOTHER Salters Depot, S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 17 (Years)
 (18) BIRTHPLACE Williamsburg co., S.C.
 (19) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth 1 (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 Born Alive at 3 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Father
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
 (Signatures of Witness necessary only when question 23 is signed by mark)

19 ..
 Registrar

(27) Filed Sept 19, 1922 (28) A. R. Moseley
 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 BINDING.

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.

MOBAY OF COLUMBIA, COLUMBIA, S. C.