

Form No. 1

(1) PLACE OF BIRTH

County of ConoverTownship of Reynolds

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

39044

Registration District No. 2806Registered No. 148
(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

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

3) BOY OR GIRL? <u>girl</u>	4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	5) Number in order of birth	6) Are Parents Married? <u>no</u>	7) DATE OF BIRTH <u>Sept 25, 1922</u> (Name of Month) (Day) (Year)
-----------------------------	--	-----------------------------	-----------------------------------	---

FATHER.

8) FULL NAME Doubt Vincent9) PRESENT POSTOFFICE OF FATHER —

10) COLOR OR RACE

11) AGE AT LAST BIRTHDAY

(Years)

12) BIRTHPLACE

13) OCCUPATION

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

MOTHER.

14) NAME BEFORE MARRIAGE Odessa Vaughan15) PRESENT POSTOFFICE OF MOTHER Reynolds Hill S.C.16) COLOR OR RACE col

17) AGE AT LAST BIRTHDAY

(Years)

18) BIRTHPLACE Conover S.C.19) OCCUPATION farm work

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at — M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Aminda Duncan(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Hearts Springs 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 Dec 1, 1922

(28)

E. J. Howard
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.

RECEIVED BY THE STATE BOARD OF HEALTH, COLUMBIA, S. C. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.