Form No. 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only: 12747

Registration District No. 3901 Registered No. 21 (For use of Local Registrar)

(1) PLACE OF BIRTH

County of Saluda

Township of #2

or

Inc. Town of .....

or

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 A W West

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Mar. (Name of Month) 8 (Day) 1922 (Year)

FATHER.

(8) FULL NAME Allen West

(9) PRESENT POSTOFFICE OF FATHER Batesburg

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY 46 (Years)

(12) BIRTHPLACE Saluda Co.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Smith

(15) PRESENT POSTOFFICE OF MOTHER Batesburg SC

(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY 42 (Years)

(18) BIRTHPLACE Saluda Co

(19) OCCUPATION House-wife

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 4 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Elsie West

(24) State whether Physician or Midwife: Mid wife

(25) Address of Physician or Midwife: Batesburg SC

Given name added from a supplemental report

..... 19..... Registrar

(26) Witness .....

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

(27) Filed May 1 1922 (28) F. A. Cronch 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.