

Form No. 1

(1) PLACE OF BIRTH

County of Laurens
 Township of Suffletown
 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
43323

Registration District No. 2905 Registered No. 61
 (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? boy (4) Twin or Triplet? twin (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Dec 23 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Illegitimate
 (9) 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 8

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Ray
 (15) PRESENT POSTOFFICE OF MOTHER Laurens, S.C. P2
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Laurens Co. S.C.
 (19) OCCUPATION Farm laborer
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P. M., on the date above stated. (Born alive or stillborn, (Hour A. M. or P. M.))

(23) (Signature) Babe Craig(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Laurens S.C. P2

Given name added from a supplemental report

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

(27) Filed Dec 28 22 (28) F. L. Dorman
 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.