

Form No. 1

## (1) PLACE OF BIRTH

County of Lee  
 Township of Bishopville  
 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  
**43360**

Registration District No. 3000 Registered No. 68  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Berry Lee Atkinson 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 Dec 11, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Doek Atkinson  
 (9) PRESENT POSTOFFICE OF FATHER Bishopville S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Hessie Hatfield  
 (15) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Home work  
 (20) Number of children born to mother, including present birth 7  
 (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 ..... at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) The Florence Atkinson  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Elliot 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 11, 1922 (28) Thos. N. J. Laney 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.