

Form No. 1

(1) PLACE OF BIRTH

County of Hilton
 Township of # 3
 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
42518

Registration District No. 2/02 Registered No. 69
 (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 Victoria Allston { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 6th (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 29 1922
 (Name of Month) (Day) (Year)
 To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Victoria Allston
 (9) PRESENT POSTOFFICE OF FATHER Georgetown S.C.
 (10) COLOR OR RACE Color (11) AGE AT LAST BIRTHDAY 37 (Years)
 (12) BIRTHPLACE Georgetown County
 (13) OCCUPATION Washer

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Ragg
 (15) PRESENT POSTOFFICE OF MOTHER Georgetown
 (16) COLOR OR RACE Color (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Georgetown County
 (19) OCCUPATION Washer

(20) Number of children born to mother, including present birth 6

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A.M.,
 (Born alive or stillborn) (Hour A.M. or P.M.)
 on the date above stated.

(23) (Signature) Adra Briton

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Georgetown

Given name added from a supplemental report

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

(27) Filed Jan 20

(28) Mrs R.J. King Local Registrar

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 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.