

Form No. 1

(1) PLACE OF BIRTH

County of Ryan, Ind.
 Township of Center
 of
 Inc. Town of.....
 of
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

11856

Registration District No. 3841 Registered No. 7
 (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 Edward Berry If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Type or Triplet No (5) Number in order of birth 4 (6) Age of mother 25 (7) DATE OF BIRTH July 2, 1923
 To be answered only in case of Twin or Triplet (Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Edward Berry</u>	(14) NAME BEFORE MARRIAGE <u>Monroe Alfred</u>	(9) PRESENT RESIDENCE OF FATHER <u>Porter St.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Porter St.</u>
(10) COLOR OR RACE <u>Caucasian</u>	(11) AGE AT LAST BIRTHDAY <u>25</u>	(16) COLOR OR RACE <u>Caucasian</u>	(17) AGE AT LAST BIRTHDAY <u>25</u>
(12) OCCUPATION <u>Richard C. R.R.</u>	(13) OCCUPATION <u>Farm Hand</u>	(18) BIRTHDAY <u>Richard C. R.R.</u>	(19) OCCUPATION <u>Home Wife</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mary Berry(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Porter St.

Given name added from a supplemental report

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

(27) State Registrar July 2, 1923 (28) A.B. Campbell Local Registrar

*When there was no attending physician or midwife, 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.