

Form No. 1

(1) PLACE OF BIRTH

County of Marlboro

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19446

Registration District No. Registered No.

(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 Veney Nyatt

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

(3) 1 (4) Twin or Triplet? ✓ (5) Number in order of birth One (6) Are Parents Married? yes (7) DATE OF BIRTH June 26, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) NAME BEFORE MARRIAGE Wm. Nyatt(9) PRESENT POSTOFFICE OF FATHER Bingham S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Year)(12) BIRTHPLACE Marlboro County(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Williams(15) PRESENT POSTOFFICE OF MOTHER Bingham(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Year)(18) BIRTHPLACE Marlboro County(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 A.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Addey H. C. Michael

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness W. C. H. Atwell

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

(27) Signed 19

19

(28)

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.

MARGIN RESERVED FOR BINDING. WRITE REASONS FOR THIS IN A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD AND MARK THE FIRST-BORN NO. 1 THIS CHILD NO. 2, ETC. IN QUESTION 3.