

Form No. 1

(1) PLACE OF BIRTH

County of BeaufortTownship of St. Helena

or

Inc. Town of

or

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 Sam Pious

File No.—For State Registrar Only

17655

Registration District No. 604 Registered No. 81
(For use of Local Registrar)

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 June 4, 1922
(Year of Month) (Day) (Year)

FATHER.
8) FULL NAME Butler Pious
9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.
10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26
12) BIRTHPLACE Georgetown, S.C. (Years)
13) OCCUPATION Cartier
20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Hester Rivers
(15) PRESENT POSTOFFICE OF MOTHER Frogmore DC
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22
(18) BIRTHPLACE South Carolina (Years)
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive..... at 6:30 AM.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lidia Rivers X Frogmore S.C.(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Frogmore S.C.

Given name added from a supplemental report

(26) Witness R. L. Hooker
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 6, 1922 (28) J. B. Thomas
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.

REGISTRATION DISTRICT NO. 1. THIS OTHER, NO. 2, etc., in question 5.

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