

Form No. 1

(1) PLACE OF BIRTH

County of Macon
Township of Burnettsville
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

43710

Registration District No. 3901 Registered No. 176
(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 John Mack (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 8, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Max Washington

(9) PRESENT POSTOFFICE OF FATHER Burnettsville, S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 49
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Labour (Public)

(20) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE Beady Malachi

(15) PRESENT POSTOFFICE OF MOTHER Burnettsville, S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 41
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive ...at... 9 a.m. ...
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Louisa Ford

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Burnettsville, S.C.

Given name added from a supplemental report

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

(27) File Dec. 18, 1922 (28) Wm. W. Tate
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.

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