

Form No. 1

## (1) PLACE OF BIRTH

County of York  
 Township of St. Stephens  
 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

37368

Registration District No. 705 Registered No. 123  
 (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 Cella Mae Middleton If child is not yet named, make supplemental report as directed

3 BOY OR GIRL G 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? No 7 DATE OF BIRTH Nov. 15, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 8 FULL NAME Samuel Middleton  
 9 PRESENT POSTOFFICE OF FATHER Reed  
 10 COLOR OR RACE Negro 11 AGE AT LAST BIRTHDAY.....  
 12 BIRTHPLACE.....  
 13 OCCUPATION.....  
 20 Number of children born to mother, including present birth 1

**MOTHER.**  
 14 NAME BEFORE MARRIAGE Eva Middleton  
 15 PRESENT POSTOFFICE OF MOTHER Russellville  
 16 COLOR OR RACE Negro 17 AGE AT LAST BIRTHDAY.....  
 18 BIRTHPLACE Russellville  
 19 OCCUPATION Farming  
 21 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:00 M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eliza Burgess

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Russellville

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov. 25, 1922(28) M. A. Felt(29) Local Registrar

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.