

Form No. 1

(1) PLACE OF BIRTH

County of Harry
 Township of Conway
 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

4208

Registration District No. 252 Registered No. 25
 (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

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

(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Age Parents Married yes (6) DATE OF BIRTH Feb. 28, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME C. Bishop Thompson(9) PRESENT POSTOFFICE OF FATHER Nixonville S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38
 (Year)(12) BIRTHPLACE Near Conway, S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Six

MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Brainerd(15) PRESENT POSTOFFICE OF MOTHER Nixonville, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36
 (Year)(18) BIRTHPLACE Near Conway

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:55 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour, A. M., or P. M.)

(23) (Signature) Louise Deberry (midwife)(24) State whether Physician or Midwife (25) Address of Physician or Midwife Nixonville, S.C.

Given name added from a supplement-
 tal report

(26) Witness

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

Filed Mar 5, 1923 (28) J. L. Dozin
 Local Registrar.

*When there was no physician or midwife attending the birth, the father, householder, etc., should make this return.
 If a child is born dead, it should be reported as stillborn. No report is desired of stillbirths
 occurring within month of pregnancy.

At the time of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Division of Statistics, Columbia, S. C.