

Form No. 1

## (1) PLACE OF BIRTH

County of York  
 Township of Chenango  
 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

9533

Registration District No. 4404 Registered No. 25  
 (For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, name of same instead of street and number.)

(2) Full Name of Child Luskell Petty (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 3/24/22  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Dave Petty  
 (9) PRESENT POSTOFFICE OF FATHER Rock Hill S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farm Laborer  
 (20) Number of children born to mother, including present birth 1

## MOTHER

(14) NAME BEFORE MARRIAGE Ferna Patton  
 (15) PRESENT POSTOFFICE OF MOTHER Rock Hill  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Farm Laborer  
 (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 ..... at 11 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lynne Haffner  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Chenango

Given name added from a supplemental report

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

(27) 4/4 James J. Smith  
 Registrar Local Registrar

\*When there was no attending physician or midwife, the father, grandfather, etc., should make this return. If a child breathes even once, it must be reported as a birth. No report is desired of stillbirths before the full month of pregnancy.

RECORDS OF BIRTHS AND DEATHS ARE KEPT IN THIS FORM. THIS IS A PERMANENT RECORD. IN CASE 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 2. RECORD OF COLUMBIA, COLUMBIA, S. C.