

(1) PLACE OF BIRTH

County of LancasterTownship of Indian Creek
or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 2805

File No.—For State Registrar Only

1748Registered No. 1
(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 Rebecca Bailey

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 23, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME			(10) NAME BEFORE MARRIAGE <u>Emma Bailey</u>	
(9) PRESENT POSTOFFICE OF FATHER			(11) PRESENT POSTOFFICE OF MOTHER <u>Van Wyck S.C.</u>	
(12) COLOR OR RACE	(13) AGE AT LAST BIRTHDAY (Year)	(14) COLOR OR RACE <u>negro</u>	(15) AGE AT LAST BIRTHDAY <u>23</u> (Year)	
(16) BIRTHPLACE		(17) BIRTHPLACE <u>York Co.</u>		
(18) OCCUPATION		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 A.M. on the date above stated. (Born alive or stillborn) (Hour P. M. or P. M.)

(23) (Signature) <u>Emma Hugh</u>	(24) State whether Physician or Midwife <u>midwife</u>	(25) Address of Physician or Midwife <u>Rebecca S.C.</u>
Given name added from a supplemental report		(26) Witness (Signature of witness necessary only when question 22 is signed by married couple) <u>Mary Bailey</u>
(27) Signature of Registrar <u>B.J. Richardson</u>		(28) Local Registrar <u>B.J. Richardson</u>

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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