

Form No. 1

(1) PLACE OF BIRTH

County of Lee
 Township of Michio
 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

21738

Registration District No. Registered No. 96
 (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

David Atkinson

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

(3) BOY OR
 GIRL Girl

(4) Twin
 or Triplet

(5) Number in
 order of birth

(6) Are
 parents
 married yes

(7) DATE OF
 BIRTH July 24, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL
 NAME

Candey Atkinson

(9) PRESENT
 POSTOFFICE
 OF FATHER

Bishopville, S.C.

(10) COLOR
 OR
 RACE

white

(11) AGE AT LAST
 BIRTHDAY

33
 (Years)

(12) BIRTHPLACE

Lee Co

(13) OCCUPATION

Farming

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

9

MOTHER.

(14) NAME BEFORE
 MARRIAGE

Bessie Atkinson

(15) PRESENT
 POSTOFFICE
 OF MOTHER

Bishopville, S.C.

(16) COLOR
 OR
 RACE

white

(17) AGE AT LAST
 BIRTHDAY

35
 (Years)

(18) BIRTHPLACE

Lee Co

(19) OCCUPATION

House Keeping

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplement-
 tal report)

(26) Witness

Mrs. E. A. Atkinson
 (Signature of Witness necessary only
 when question 23 is signed by male)

(27) Date

August 23, 1923

(28)

Newton Okune
 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.