

Form No. 1

(1) PLACE OF BIRTH

County of Clarendon
 Township St. James
 or
 Inc. Town of _____
 or

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

29710

Registration District No. 1309 Registered No. 55
 (For use of Local Registrar)

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

(2) Full Name of Child Robert M. Bridger If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes DATE Sept 6 22
 BIRTH (Name of Month) (Day) (Year)
 To be answered only in event of Twins or Triplets

FATHER			MOTHER		
(3) FULL NAME	<u>Robert M. Bridger</u>		(14) NAME BEFORE MARRIAGE	<u>Mary Tridale</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Summerton S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Summerton S.C.</u>	
(10) COLOR OR RACE	<u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)	(16) COLOR OR RACE	<u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(12) BIRTHPLACE	<u>Clarendon Co</u>		(18) BIRTHPLACE	<u>Clarendon Co</u>	
(13) OCCUPATION	<u>Farmer Lab</u>		(19) OCCUPATION	<u>Home work</u>	
(20) Number of children born to mother, including present birth	<u>9</u>		(21) Number of children of this mother now living, including present birth	<u>one</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Harriett Davis (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Davis St.

Given name added from a supplemental report.

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

(27) FILED Sept 8 1922 (28) H. E. Pickens 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.