

Form No. 1

## (1) PLACE OF BIRTH

County of HorryTownship of Little River

Inr. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

7401

Registration District No. 200.7 Registered No. 11  
(For use of Local Registrar)

St.; ..... Ward)

## (2) Full Name of Child

(1) SEX OF CHILD Boy (2) Twin or Triplet? - (3) Number in order of birth - (4) Are Parents Married? Yes (5) DATE OF BIRTH Jan 28, 1923  
(Name of Month) (Day) (Year)

## FATHER.

(6) FULL NAME Amos Bueamy(7) PRESENT POSTOFFICE OF FATHER Waupec SC(8) COLOR OR RACE Blk (9) AGE AT LAST BIRTHDAY 25  
(Year)(10) BIRTH PLACE SC(11) OCCUPATION Farmer(12) Number of children born to mother, including present birth One

## MOTHER.

(13) NAME BEFORE MARRIAGE Perlina Crawford(14) PRESENT POSTOFFICE OF MOTHER Waupec SC(15) COLOR OR RACE Blk (16) AGE AT LAST BIRTHDAY 23  
(Year)(17) BIRTH PLACE SC(18) OCCUPATION Housewife(19) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(20) I hereby certify that I attended the birth of this child, who was born alive at 8 A.M. on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)(21) (Signature) Emma Jane Bessette

(22) State whether Physician or Midwife (23) Address of Physician or Midwife

Given name added from a supplemental report

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

(25) Filed Feb 6, 1923 (26) Wm McConley 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

FIRST-BORN NO. 1 THE OTHER, NO. 2, etc., in question 5

Secured by Columbia, Columbia &amp; C