

## (1) PLACE OF BIRTH

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

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

860

Registration District No. 1309 Registered No. 6  
 (For use of Local Registrar)

City of ..... (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 Edward House (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 (7) DATE OF BIRTH Jan. 24, 1922  
 (Subst. of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James House  
 (9) PRESENT POSTOFFICE OF FATHER Davis Sta. S.C.  
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 32  
 (Time)  
 (12) BIRTHPLACE Clarendon Co.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Louise Watson  
 (15) PRESENT POSTOFFICE OF MOTHER Davis Sta. S.C.  
 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 30  
 (Time)  
 (18) BIRTHPLACE Clarendon Co.  
 (19) OCCUPATION House & Field work

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lucy Anderson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Davis Sta. S.C.

Given name added from a supplemental report

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

(27) Filed Jan 28, 1922 (28) S. C. Richardson Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

MADE SERVICE FOR BIRTH  
 THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OR BY THE FATHER, MOTHER, OR OTHER PERSON WHO HAS KNOWLEDGE OF THE FACTS OF THE BIRTH.  
 FIRST BORN No. 1. THE OTHER, No. 2, etc. In question 5.