

Form No. 1

## (1) PLACE OF BIRTH

County of SumterTownship of Maryesville

or

Inc. Town of .....

or

City of Dr. Ernestine

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only  
20297Registration District No. 4102Registered No. 24  
(For use of Local Registrar)(2) Full Name of Child John Fortune

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

3 BOY OR GIRL Boy4 Twin single

To be answered only in event of Twins or Triplets

5 Number in order of birth 26 Are Parents Married? yes

7 DATE OF BIRTH

Apr 21 1922  
(Name of Month) (Day) (Year)

## FATHER.

8 FULL NAME John Fortune9 PRESENT POSTOFFICE OF FATHER Maryesville10 COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 26

(Year)

12 BIRTHPLACE South Carolina13 OCCUPATION Farmer20 Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosa M. ...(15) PRESENT POSTOFFICE OF MOTHER Maryesville(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 26

(Year)

(18) BIRTHPLACE South Carolina(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)Apr 21 1922 (23) (Signature) Betty Anderson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Maryesville

Given name added from a supplemental report

(26) Witness

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

(27) Filed Apr 21 1922

(28) 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

RECORD OF COLUMBIA, COLUMBIA, S. C.