

Form No. 1

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20988

County of *Anderson*Township of *Williamston*

Inc. Town of.....

Registration District No. *314* Registered No. *28*

(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

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

*1st*

(6) Are Parents Married?

*yes*

(7) DATE OF

BIRTH

*July 12, 1922*

## FATHER.

(8) FULL NAME

*J D Stancils*

(9) PRESENT POSTOFFICE OF FATHER

*Bulton SC*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*22* (Years)

(12) BIRTHPLACE

*Greenville SC*

(13) OCCUPATION

*Gasoline Station*

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

*One*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Lucy Washington*

(15) PRESENT POSTOFFICE OF MOTHER

*Bulton SC*

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY

*19* (Years)

(18) BIRTHPLACE

*Laurens County*

(19) OCCUPATION

*Domestic*

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

*One*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... *Alive*... at *11:46*... 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 supplemental report

(26) Witness

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

(27) Filed *Aug. 12, 1922*(28) *J B Martin* 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.

WHITE PLAINLY. WITH LEADING INK—THIS IS A PERMANENT RECORD. 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.

MCCAW OF COLUMBIA, COLUMBIA, D. C.