

Form No. 1

## (1) PLACE OF BIRTH

County of HorryTownship of Corry

or

Inc. Town of .....

or

City of .....

(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

30731

Registration District No. 2502Registered No. 147

(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Gracie Doyle

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

(6) Are Parents Married? yes(7) DATE OF BIRTH Sept 23 22

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME J. N. Doyle(9) PRESENT POSTOFFICE OF FATHER Allbrook S. C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 39

(Years)

(12) BIRTHPLACE Horry Co(13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Ida Todd(15) PRESENT POSTOFFICE OF MOTHER Allbrook S. C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 38

(Years)

(18) BIRTHPLACE Horry Co(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 5(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 alive at 10 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Eliza Todd(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Shell S. C.

Given name added from a supplemental report

(26) Witness

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

19 Sept 27 22 Registrar

(27) Filed

(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.

MADE IN COLUMBIA, COLUMBIA, S. C.

WRITTEN PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS, make separate RETURN for EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.