

Form No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of Mountainor
Inc. Town ofor
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 Mary Davis If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 19 22
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Mary Davis
(9) PRESENT POSTOFFICE OF FATHER Mountain SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21
(Year) (12) BIRTHPLACE Anderson Co
(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth ThreeMOTHER.
(14) FULL NAME Virginia Robinson
(15) PRESENT POSTOFFICE OF MOTHER Mountain SC
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22
(Year) (18) BIRTHPLACE Anderson Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julia Nelson

(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 Sept 25 22 (28) A. J. White 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.