

Form No. 1

(1) PLACE OF BIRTH

County of AllendaleTownship of 11or
Inc. Town of 11or
City of 11(No. 11 St.; 11 Ward)

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

13463

Registration District No. 4608Registered No. 42

(For use of Local Registrar)

(2) Full Name of Child Isaiah Care

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

3. BOY OR GIRL <u>boy</u>	4. Twin or Triplet? <u>No</u>	5. Number in order of birth <u>1</u>	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>May 14 1922</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
8. FULL NAME <u>Joseph Care</u>	14. NAME BEFORE MARRIAGE <u>Bertha Hay</u>	9. PRESENT POSTOFFICE OF FATHER <u>Allendale SC</u>	15. PRESENT POSTOFFICE OF MOTHER <u>Allendale SC</u>
10. COLOR OR RACE <u>Negro</u>	11. AGE AT LAST BIRTHDAY <u>20</u> (Years)	16. COLOR OR RACE <u>Negro</u>	17. AGE AT LAST BIRTHDAY <u>18</u> (Years)
12. BIRTHPLACE <u>SC</u>	18. BIRTHPLACE <u>SC</u>	13. OCCUPATION <u>Farm Laborer</u>	19. OCCUPATION <u>Farm Laborer</u>
20. Number of children born to mother, including present birth <u>1</u>	21. Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5:2 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Rose H. Arnold
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Allendale SC

Given name added from a supplemental report

(26) Witness L. H. Boyd
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed May 31 1922 (28) L. H. Boyd 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.

RECORD OF BIRTHS AND DEATHS - SEPARATE BLANKS FOR EACH CHILD AND MARK THE PRINTED LINE NO. 1 FILE OFFICE, NO. 2, ETC., IN QUESTION 3.

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