

Form No. 1

## (1) PLACE OF BIRTH

County of ForryTownship of Incidentor  
Inc. Town of .....or  
City of .....

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

## (2) Full Name of Child

Claudia Edmond Suggins(3) BOY OR  
GIRL? Boy(4) Twin  
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in  
order of birth(6) Are  
Parents  
Married? yes

(7) DATE OF

BIRTH Sept 21 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME(9) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RACE white(11) AGE AT LAST  
BIRTHDAY 33  
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to  
mother, including present birth7

## MOTHER.

(14) NAME BEFORE  
MARRIAGE(15) PRESENT  
POSTOFFICE  
OF MOTHER(16) COLOR  
OR  
RACE white(17) AGE AT LAST  
BIRTHDAY 31  
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother  
now living, including present birth6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Female at 7:30 a.m.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ad Davis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
tal reportM. D. Woodward M.D.12/13/42 19 42  
Registrar

(26) Witness

(Signature of Witness necessary only  
when question 22 is signed by mark)(27) Filed Sept 30 19 22(28) Ed Davis  
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.CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

30757

Registration District No. 2506 Registered No. 41  
(For use of Local Registrar)St.: ..... Ward:  
If child is not yet named, make  
supplemental report as directedWRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the  
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.  
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.