Form No. 1

(1) PLACE OF BIRTH

County of Berkeley

Township of Eutaw

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
3285

Registration District No. 708 Registered No. 28
(For use of Local Registrar)

(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 Baby Billard | If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL? | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Feb 20th 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Ed Billard	(14) NAME BEFORE MARRIAGE Sarah Billard
(9) PRESENT POSTOFFICE OF FATHER Eadytown S.C.	(15) PRESENT POSTOFFICE OF MOTHER Eadytown S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Berkeley Co	(18) BIRTHPLACE Berkeley Co
(13) OCCUPATION Farming	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 3	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 a.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Patty Rembert

(24) State whether Physician or Midwife Midwife | (25) Address of Physician or Midwife Cross S.C.

Given name added from a supplemental report

..... 19 ..... Registrar

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

(27) Filed Feb 28th 1922 (28) D W Cross
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.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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, S. C.