

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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.)

(2) Full Name of Child

3. SEX OF CHILD Male 4. Twin or Triplet No 5. Number in order of birth 3305 6. Are Parents Married Yes 7. DATE OF BIRTH Feb 7 1922
 (Name of Month) (Day) (Year)

FATHER
 8. FULL NAME Colon Cussey
 9. PRESENT POSTOFFICE OF FATHER Mc Case SC
 10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 21 (Year)
 12. BIRTHPLACE Marlboro SC
 13. OCCUPATION Station Mill work
 20. Number of children born to mother, including present birth 1

MOTHER
 14. NAME OF MOTHER Mable Hays
 15. PRESENT POSTOFFICE OF MOTHER Mc Case SC
 16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 18 (Year)
 18. BIRTHPLACE Marlboro SC
 19. OCCUPATION Domestic
 21. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) F. A. Blanchard
 (24) State South Carolina Physician or Midwife (25) Address of Physician or Midwife W. S. Case SC

Given name added from a supplemental report

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

(27) Filed Mar 17 1922 (28) W. S. Case 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.