

Form No. 1

(1) PLACE OF BIRTH

County of NewberryTownship of # 9

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

File No.—For State Registrar Only

39517

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No 39.10Registered No. 113

(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 9 1922</u> (Name of Month) (Day) (Year)
----------------------------	---	------------------------------	-------------------------------------	---

FATHER.		MOTHER.	
(8) FULL NAME <u>Lora Glasco</u>	(14) NAME BEFORE MARRIAGE <u>Rizzie Wain</u>		

(9) PRESENT POSTOFFICE OF FATHER <u>Prosperity SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Prosperity SC</u>
---	--

(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
---------------------------------	--	---------------------------------	--

(12) BIRTHPLACE <u>Newberry co</u>	(18) BIRTHPLACE <u>Newberry co</u>
------------------------------------	------------------------------------

(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>
--------------------------------	----------------------------------

(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>3</u>
--	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alva at 1:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>Mary Riley</u>	(24) State whether Physician or Midwife <u>Midwife</u>	(25) Address of Physician or Midwife <u>Prosperity</u>
------------------------------------	--	--

Given name added from a supplemental report

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

(27) Filed Nov 20 1922 (28) N.T. Bibb 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the 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.

REGISTRY OF COLORADO, COLUMBIA, S. C.