

Form No. 1

(1) PLACE OF BIRTH

County of LexingtonTownship of Salisburyor
Inc. Town of Salisburyor
(City of Richmond)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

7652

Registration District No. 222 Registered No. 8

(For use of Local Registrar)

(No. 222 St.; 8 Ward)(2) Full Name of Child William Earl If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 29, 1922</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME William Earl(9) PRESENT POSTOFFICE OF FATHER Salisbury(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY (Years) 17(12) BIRTHPLACE Salisbury(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE William Earl(15) PRESENT POSTOFFICE OF MOTHER Salisbury(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (Years) 17(18) BIRTHPLACE Salisbury(19) OCCUPATION Farmer(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 William Earl at 7:41 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. W. H. H. H.(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Salisbury

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed Mar. 7, 1922 (28) Edith C. L. L. 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.