

Form No. 1

(1) PLACE OF BIRTH

County of Fairfield  
 Township of #  
 or  
 Inc. Town of Blairs  
 or  
 City of  (No.  St.;  Ward)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**30051**

Registration District No. 1900 Registered No. 58  
 (For use of Local Registrar)

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

(2) Full Name of Child

(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 May 9 1922  
 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Jim Camack  
 (9) PRESENT POSTOFFICE OF FATHER Blairs S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 29 (Year)  
 (12) BIRTHPLACE Blairs S.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 1

**MOTHER.**

(14) NAME BEFORE MARRIAGE Lucy Mayo  
 (15) PRESENT POSTOFFICE OF MOTHER Blairs S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 16 (Year)  
 (18) BIRTHPLACE Blairs S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth None

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Coleman (24) State whether Physician or Midwife (25) Address of Physician or Midwife Shelton S.C.

Given name added from a supplemental report

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

(27) Filed Oct 10 1922 (28) Mrs C. W. Fausette 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.

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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.