Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 35203

(1) PLACE OF BIRTH

County of Lancaster
Township of Waxhaw
or
Inc. Town of .....
or
City of .....

Registration District No. 2807 Registered No. 34 (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 ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? yes | (7) DATE OF BIRTH Oct. 1 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME George Early Ashley	(14) NAME BEFORE MARRIAGE Lily Yarborough
(9) PRESENT POSTOFFICE OF FATHER Osceola, S. Car.	(15) PRESENT POSTOFFICE OF MOTHER Osceola S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)	(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE Lancaster Co.	(18) BIRTHPLACE Lancaster Co.
(13) OCCUPATION Farmer	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 5	(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:30 P. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mrs Eliza Ashley

(24) State whether Physician or Midwife: midwife | (25) Address of Physician or Midwife: Osceola S.C.

Given name added from a supplemental report

B. J. Richardson
Registrar

(26) Witness G. E. Ashley (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct. 30 1922 (28) B. J. Richardson
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.
WHITE FLAMLY, 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.