

Form No. 1

## (1) PLACE OF BIRTH

County of RichlandTownship of Blythevilleor  
Inc. Town of .....or  
City of .....

(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

31982

Registration District No. 3800 Registered No. 111  
(For use of Local Registrar)

(No. .... St.; .... Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 3, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME M. Irvin(9) PRESENT POSTOFFICE OF FATHER Blanie Se(10) COLOR OR RACE col(11) AGE AT LAST BIRTHDAY 24  
(Years)(12) BIRTHPLACE Blytheville(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Irvin(15) PRESENT POSTOFFICE OF MOTHER Blanie Se(16) COLOR OR RACE col(17) AGE AT LAST BIRTHDAY 21  
(Years)(18) BIRTHPLACE Richland Co(19) OCCUPATION Farmer hands(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 66 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ella Belle Trapp

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Blytheville Se

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 5, 1922 (28) ..... 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.

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.

DEPARTMENT OF COLUMBIA, S. C.