

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

DE

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

Registration District No. 39.05

File No. - For State Registrar Only

13777

Registered No. 279

(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?	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH March 20, 1922 (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>John Witt</i>	(14) NAME BEFORE MARRIAGE <i>Ma Cockrell</i>	(9) PRESENT POSTOFFICE OF FATHER <i>Dixon</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>11111</i>	(16) COLOR OR RACE <i>White</i>
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>39</i>	(17) AGE AT LAST BIRTHDAY <i>27</i>	(18) BIRTHPLACE <i>111111</i>	(19) OCCUPATION <i>House Wife</i>
(12) BIRTHPLACE <i>Saluda</i>	(13) OCCUPATION <i>Farmer</i>	(20) Number of children born to mother, including present birth <i>1 4</i>	(21) Number of children of this mother now living, including present birth <i>1 4</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) *George Oliver*(24) State whether Physician or Midwife
mid wife(25) Address of Physician or Midwife
Saluda

Given name added from a supplemental report

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

(27) Signed May 11, 1922 (28) *D. W. Koon* 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 A CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK AS FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.
 STATE OF SOUTH CAROLINA, Columbia, S. C.