

Form No. 1

(1) PLACE OF BIRTH

County of GreenvilleTownship of Antioch

or

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

42672

Registration District No. 2207 Registered No. 71

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Antross Mays

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 17, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME L. B. Barker(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C. R.F.D.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE N. C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mabel Mays(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C. R.F.D.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE N. C.(19) OCCUPATION Farming(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 Alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lou L. Jackson(24) State whether Physician or Midwife Midwife, Piedmont, S.C. R.F.D. #4

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 30 1922(28) E. B. Hendrix

Local Registrar

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.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.
 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.