

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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

33108

Registration District No. Registered No. 47

(For use of Local Registrar)

(No. 314 St.; Ward)

(2) Full Name of Child M. L.

(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 2

6) Are Parents Married? yes

7) DATE OF

BIRTH April 28 1922

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Muler Galorday

9) PRESENT POSTOFFICE OF FATHER

Piedmont RFD

10) COLOR OR RACE

Black

11) AGE AT LAST BIRTHDAY

23

12) BIRTHPLACE

Anderson County

13) OCCUPATION

Farmer

MOTHER.

14) NAME BEFORE MARRIAGE

Hattie Deal

15) PRESENT POSTOFFICE OF MOTHER

Piedmont RFD

16) COLOR OR RACE

Black

17) AGE AT LAST BIRTHDAY

19

18) BIRTHPLACE

Anderson County

19) OCCUPATION

Domestic & Farmer

20) Number of children born to mother, including present birth

{

21) Number of children of this mother now living, including present birth

{ 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife

(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 Nov. 14 1922 (28) J. B. Martin 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 PLAINLY, 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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.