

Form No. 1

## (1) PLACE OF BIRTH

County of Colleton  
 Township of Verden  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

41877

Registration District No. 1409 Registered No. 89  
 (For use of Local Registrar)

City of ..... (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 Babe Pye (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? yes 7) DATE OF BIRTH Dec 23, 1922  
 (Name of Month) (Day) (Year)

**FATHER.**  
 8) FULL NAME George Pye  
 9) PRESENT POSTOFFICE OF FATHER Wadsworth  
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 33  
 (Years)  
 12) BIRTHPLACE AB  
 13) OCCUPATION Farmer  
 20) Number of children born to mother, including present birth 6

**MOTHER.**  
 14) NAME BEFORE MARRIAGE Annie Craven  
 15) PRESENT POSTOFFICE OF MOTHER Wadsworth  
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 27  
 (Years)  
 18) BIRTHPLACE AC  
 19) OCCUPATION Domestic  
 21) Number of children of this mother now living, including present birth 0

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. Wadsworth

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Wadsworth

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 9, 1923 (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.

WHENED PLAINLY, WITH UNFADING INK—THIS IS A PRELIMINARY REPORT. IF THE CHILD DIES, THE REPORT MUST BE RE-MADE IN PERMANENT INK. IN CASE OF STILLBIRTH, NO. 1. THIS OFFICE, NO. 2, ETC., IN QUESTION 2. MEDICAL OFFICE, COLUMBIA, S. C.