

Form No. 1

(1) PLACE OF BIRTH

County of Dillon
Township of Harleeville
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
42084

Registration District No. 1602 Registered No. 144
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ruster Townsend

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 25 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Emory Townsend
(9) PRESENT POSTOFFICE OF FATHER Little Rock, S.C.
(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 26
(Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Laisy Johnson
(15) PRESENT POSTOFFICE OF MOTHER Little Rock S.C.
(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 22
(Years)
(18) BIRTHPLACE S.C.
(18) OCCUPATION Housewife
(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 7 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mosella M. Neal
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Little Rock S.C.

Given name added from a supplemental report

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

(27) Filed Jan 1 1923 (28) B F Hardy 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.