

Form No. 1

(1) PLACE OF BIRTH

County of LawrenceTownship of Hunter

or

Inc. Town of

or

City of Clinton

(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

43234

Registration District No. 27B Registered No. 107

(For use of Local Registrar)

(No. 13 Beauregard St.; 5 Ward)(2) Full Name of Child Tuanita Dellus (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 1 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Walter Wade Dellus(9) PRESENT POSTOFFICE OF FATHER Clinton SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE NC(13) OCCUPATION weaver(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Blanche Odella West(15) PRESENT POSTOFFICE OF MOTHER Clinton SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 14 (Years)(18) BIRTHPLACE S.C.(19) 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 born alive at 1140 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. L. W. Bailey(24) State where Physician or Midwife Physician(25) Address of Physician or Midwife Clinton SC

Given name added from a supplemental report

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

(27) Filed Dec 1 1922 (28) J. L. W. Bailey 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.
WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.