

Form No. 1

(1) PLACE OF BIRTH

County of Anderson
 Township of Johnson
 Inc. Town of Waynes
 City of

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

No. 1a—For State Registrar Only
30895

Registration District No. 38 Registered No. 117
 (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 Tommy Schell Leroy (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) Sex of mother <u>female</u>	7) DATE OF BIRTH <u>Sept 1, 1943</u>
FATHER			MOTHER	
8) FULL NAME <u>Now Garret</u>			14) NAME BEFORE MARRIAGE <u>May Stoggs</u>	
9) PRESENT ADDRESS OF FATHER <u>Waynes</u>			15) PRESENT ADDRESS OF MOTHER <u>Waynes</u>	
10) COLOR OR RACE <u>White</u>			16) COLOR OR RACE <u>White</u>	
11) AGE AT LAST BIRTHDAY <u>26</u>			17) AGE AT LAST BIRTHDAY <u>22</u>	
12) BIRTHPLACE <u>SC</u>			18) BIRTHPLACE <u>SC</u>	
13) OCCUPATION <u>Farmer</u>			19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>2</u>			21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (For stillborn) (Hour A. M. or P. M.) 6:20 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 "X")

(27) Filed Nov 8, 1943

(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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 X. 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 3.

Revised by Columbia, Columbia, S. C.