

Form No. 1

## (1) PLACE OF BIRTH

County of ColletonTownship of Proctoror  
Inc. Town of .....

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

41843

Registration District No. 1403 Registered No. 86

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Boytwins3yesOct. 18, 1922

## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

Arthur PadgettLandenton, S.C.White 33 (Years)S.C.Farmer12

## MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

Lala BishopLandenton, S.C.White 30 (Years)S.C.Domestic12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 120 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Jones

(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

Jan. 9, 1923

(28)

Mrs. L. W. Godley

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.

WRITTEN PLAINLY. WITH UNFADING INK.—THIS IS A VOLUNTARILY RETURNED. N. B.—In case of TWIN or TRIPLET use a SEPARATE BLANK FOR EACH CHILD, and mark the SPENT-BLANK. No. 1 THIS OFFICE, No. 2, etc., in question 6. BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.