

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

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

39702

Registration District No. 3617

Registered No. 1023

(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 Carry Read

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

3) BOY OR GIRL

girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Sep 29 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Akin Read

(9) PRESENT POSTOFFICE OF FATHER

Noway.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY 44  
(Years)

(12) BIRTHPLACE

S.B.

(13) OCCUPATION

Laborer.

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

8

## MOTHER.

(14) NAME BEFORE MARRIAGE

Georgia Loggourner

(15) PRESENT POSTOFFICE OF MOTHER

Noway.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY 39  
(Years)

(18) BIRTHPLACE

S.B.

(19) OCCUPATION

House wife

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

8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or 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 mark)

(27) Filed

Oct 16 1922

(28)

J. A. Price  
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.  
WRITE 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.  
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.