

Form No. 1

(1) PLACE OF BIRTH

County of Marlboro
 Township of Red Hill
 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
19496

Registration District No. 3307 Registered No. 12
 (For use of Local Registrar)

City of (No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Alice Hasbaw If child is not yet named, make supplemental report as directed

3. BOY OR GIRL? girl 4. Twin or Triplet? Triplet 5. Number in order of birth 6. Are Parents Married? no 7. DATE OF BIRTH May 12, 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Wes Spear
 9. PRESENT POSTOFFICE OF FATHER Blenheim S.C.
 10. COLOR OR RACE Colored 11. AGE AT LAST BIRTHDAY 29
 12. BIRTHPLACE S.C.
 13. OCCUPATION Farm Laborer
 20. Number of children born to mother, including present birth Six

MOTHER.

14. NAME BEFORE MARRIAGE Elsie Hasbaw
 15. PRESENT POSTOFFICE OF MOTHER Blenheim S.C.
 16. COLOR OR RACE Colored 17. AGE AT LAST BIRTHDAY 32
 18. BIRTHPLACE S.C.
 19. OCCUPATION Farm Laborer
 21. Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alice at 3:30 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alice Hasbaw
 (24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Blenheim 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 June 29, 1922 (28) Thos Campbell 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.