

Form No. 1

(1) PLACE OF BIRTH

County of Lee
 Township of S. Charles
 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

43420

Registration District No. 207 Registered No. 73
 (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

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

3) BOY OR GIRL? Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Dec 1 19 22
 (Names of Month) (Day) (Year)

FATHER.

8) FULL NAME William
 9) PRESENT POSTOFFICE OF FATHER —
 10) COLOR OR RACE — 11) AGE AT LAST BIRTHDAY — (Years)
 12) BIRTHPLACE —
 13) OCCUPATION —
 20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Mary Gregg
 15) PRESENT POSTOFFICE OF MOTHER S. Charles
 16) COLOR OR RACE C 17) AGE AT LAST BIRTHDAY 17 (Years)
 18) BIRTHPLACE SC
 19) OCCUPATION Labourer
 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 alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rose Montgomerie(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife S. Charles

Given name added from a supplement-
 tal report

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

(27) Filed Dec 28 19 22 (28) Paul L. Gunn
 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.