Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
30796

County of J. O. Pe
Township of Pokotaligo
or
Inc. Town of .....
or
City of .....

Registration District No. 2601 Registered No. 60
(For use of Local Registrar)

(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 No Name died in 10 hours

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
Boy	To be answered only in event of Twins or Triplets		Yes	9 (Name of Month) 17 (Day) 1922 (Year)

FATHER.		MOTHER.	
(8) FULL NAME	William Green	(14) NAME BEFORE MARRIAGE	Lucy Simmons
(9) PRESENT POSTOFFICE OF FATHER	Coosawhatchie	(15) PRESENT POSTOFFICE OF MOTHER	Coosawhatchie SC
(10) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY (Years)	35	(17) AGE AT LAST BIRTHDAY (Years)	30
(12) BIRTHPLACE	South Carolina	(18) BIRTHPLACE	South Carolina
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	9	(21) Number of children of this mother now living, including present birth	Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Lucy Hamilton

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Coosawhatchie SC

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness R. T. W. Robert Jr.
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 9/18 1922 (28) R. T. W. Robert Jr.
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.
N. 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 5.

McCAW OF COLUMBIA, COLUMBIA, S. C.