

Form No. 1

(1) PLACE OF BIRTH

County of BerkeleyTownship of St. Stephens

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

Registration District No. 705

File No.—For State Registrar Only

29081

Registered No. 87
(For use of Local Registrar)(2) Full Name of Child Yaddell Cameron

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

(3) BOY OR GIRL <u>B</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 7, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Willie Cameron(9) PRESENT POSTOFFICE OF FATHER St. Stephens(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Lake City(13) OCCUPATION Rail Road(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ora Fleming(15) PRESENT POSTOFFICE OF MOTHER St. Stephens(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Lake City(19) OCCUPATION house-wife(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 born alive at 50 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Katie Dick

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Widow St. Stephens

Given name added from a supplemental report

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

(27) Filed Sept. 15, 1922 (28) M. O. Floyd 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 mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED OF COLUMBIA, S. C.