

Form No. 1

(1) PLACE OF BIRTH

County of Marlboro
 Township of Rich Bluff
 or
 Inc. Town of McColl
 or
 City of DC

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39418

Registration District No. 330Registered No. 143
(For use of Local Registrar)

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

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 7 1922
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>S.E. Liles</u>	(14) NAME BEFORE MARRIAGE <u>Eunna J. Welch</u>	(15) PRESENT POSTOFFICE OF FATHER <u>McColl SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>McColl SC</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)
(12) BIRTHPLACE <u>Marlboro Co. SC</u>	(18) BIRTHPLACE <u>Dorchester Co. SC</u>	(19) OCCUPATION <u>Cashier Bank</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>9</u>	(21) Number of children of this mother now living, including present birth <u>9</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J.C. Moore(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife McColl SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov 17 1922(28) Local Registrar. J.H. Muthery

*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.

REMARKS: THIS FORM IS TO BE FILLED IN BY THE REGISTRAR OR HIS ASSISTANT. IT IS NOT TO BE FILLED IN BY THE FATHER OR MOTHER. IT IS NOT TO BE FILLED IN BY THE PHYSICIAN OR MIDWIFE. IT IS NOT TO BE FILLED IN BY THE LOCAL REGISTRAR. IT IS NOT TO BE FILLED IN BY THE STATE REGISTRAR. IT IS NOT TO BE FILLED IN BY THE BUREAU OF VITAL STATISTICS. IT IS NOT TO BE FILLED IN BY THE STATE BOARD OF HEALTH. IT IS NOT TO BE FILLED IN BY THE STATE OF SOUTH CAROLINA. IT IS NOT TO BE FILLED IN BY THE UNITED STATES OF AMERICA. IT IS NOT TO BE FILLED IN BY THE WORLD.