

Form No. 1

(1) PLACE OF BIRTH

County of Darlington
 Township of Lanier
 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

29870

Registration District No. 15.04Registered No.
(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 Sue Ann M. Pherson {If child is not yet named, make supplemental report as directed3) ☒ BOY OR
GIRL?4) Twin
or Triplet?5) Number in
order of birth
To be answered only in event of Twins or Triplets6) Are
Parents
Married? yes7) DATE OF
BIRTH Sept. 1, 22
(Name of Month) (Day) (Year)

FATHER

8) FULL
NAME9) PRESENT
POSTOFFICE
OF FATHER10) COLOR
OR
RACE11) AGE AT LAST
BIRTHDAY 32
(Years)

12) BIRTHPLACE

13) OCCUPATION

20) Number of children born to
mother, including present birth

MOTHER

14) NAME BEFORE
MARRIAGE15) PRESENT
POSTOFFICE
OF MOTHER16) COLOR
OR
RACE17) AGE AT LAST
BIRTHDAY 29
(Years)

18) BIRTHPLACE

19) OCCUPATION

21) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Miley Cooper(24) State whether Physician or Midwife(25) Address of Physician or Midwife
Lanier St.Given name added from a supplement-
al report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Sept. 8, 22(28) R. J. Chaplin
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.