

Form No. 1

(1) PLACE OF BIRTHCounty of W. H. Williams

Township of

OR
Inc. Town of Cedar Springs

OR

City of

CERTIFICATE OF BIRTHSTATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

13342Registration District No. 103 Registered No. 12
(For use of Local Registrar)

(No. Sec. Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Roy

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>✓</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 6 1922</u> (Name of Month) (Day) (Year)
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FATHER.**MOTHER.**(8) FULL NAME Charlie Roy (14) NAME BEFORE MARRIAGE Annie Jackson(9) PRESENT POSTOFFICE OF FATHER — (15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY (Years) (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY (Years) 26(12) BIRTHPLACE (18) BIRTHPLACE —(13) OCCUPATION Public Work (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***(22) I hereby certify that I attended the birth of this child, who was born at 10 o'clock A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Annicia Dugg (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Abbeville S.C. R.H. Box 74

Given name added from a supplemental report

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

(27) Filed May 10 1922 (28) Allice Ramsey 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.

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.

Bureau of Columbia, Columbia, S. C.