

Form No. 1

(1) PLACE OF BIRTH

County of Barnwell
 Township of Blackville
 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

13742

Registration District No. 504 Registered No. 50
 (For use of Local Registrar)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth No (6) Parents Married? No (7) DATE OF BIRTH May 13 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE
 (13) OCCUPATION
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Est. Polly
 (15) PRESENT POSTOFFICE OF MOTHER Blackville
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION
 (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 Alive at 5 A. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Theresa Sherman
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 16 1922 (28) D. A. Sherman 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.

NEVER FURNISH THIS CERTIFICATE TO ANY OTHER AGENCY WITHOUT THE WRITTEN PERMISSION OF THE REGISTRAR. IN CASE OF A CHILD BORN IN A HOSPITAL, THE REGISTRAR WILL BE NOTIFIED BY THE HOSPITAL. IN CASE OF A CHILD BORN IN A HOME, THE REGISTRAR WILL BE NOTIFIED BY THE MIDWIFE. IN CASE OF A CHILD BORN IN A HOME, THE REGISTRAR WILL BE NOTIFIED BY THE MIDWIFE. IN CASE OF A CHILD BORN IN A HOME, THE REGISTRAR WILL BE NOTIFIED BY THE MIDWIFE.