

Form No. 1

(1) PLACE OF BIRTH

County of Fairfield

Township of

OF

Inc. Town of

OF

City of

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

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

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 2</u> 19 <u>23</u> (Name of Month) (Day) (Year)
FATHER.				MOTHER.
(8) FULL NAME <u>Lonnie Mack</u>				(14) NAME BEFORE MARRIAGE <u>Beattie Boyd</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Mount Holly, N.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Winnabow S.C.</u>
(10) COLOR OR RACE <u>negro</u>				(16) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)				(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>SC</u>				(18) BIRTHPLACE <u>Fairfield Co. S.C.</u>
(13) OCCUPATION <u>Public work</u>				(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>4</u>				(21) Number of children of this mother now living, including present birth <u>4</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Susannah Jones(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Ridgeway S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Aug 10 1923(28) J. M. H. Rymer 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.