

Form No. 1

(1) PLACE OF BIRTH

County of Winthrop
 Township of Indigo
 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

32614

Registration District No. 4303

Registered No. 28
 (For use of Local Registrar)

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

(2) Full Name of Child Pero Bass Jr

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

3) BOY OR GIRL Male 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married Yes 7) DATE OF BIRTH Sept 20, 1922
 (Name) (Month) (Day) (Year)

FATHER.

8) FULL NAME Pero Bass
 9) PRESENT POSTOFFICE OF FATHER Cooper
 10) COLOR OR RACE B 11) AGE AT LAST BIRTHDAY 30
 (Year) 12) BIRTHPLACE SC
 13) OCCUPATION Farmer
 20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Lena McKnight
 15) PRESENT POSTOFFICE OF MOTHER Cooper
 16) COLOR OR RACE B 17) AGE AT LAST BIRTHDAY 28
 (Year) 18) BIRTHPLACE SC
 19) OCCUPATION Farmer
 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 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Albee Brown (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Sept 20, 1922 (28) C. E. Daniel 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.