

Form No. 1

(1) PLACE OF BIRTH

County of CherokeeTownship of Maryland

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

41520

Registration District No. 1004-3Registered No. 89

(For use of Local Registrar)

(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

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets(6) Are Parents Married Yes(7) DATE OF BIRTH Feb. 14, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) NAME Maryland(9) PRESENT POSTOFFICE OF FATHER Corryville(10) COLOR OR RACE B(11) AGE AT LAST BIRTHDAY 23

(Years)

(12) BIRTHPLACE SC(13) OCCUPATION Tanner(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME Maryland(15) PRESENT POSTOFFICE OF MOTHER Corryville(16) COLOR OR RACE B.(17) AGE AT LAST BIRTHDAY 21

(Years)

(18) BIRTHPLACE SC(19) OCCUPATION Wife(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 at M., on the date above stated. (Born alive, stillborn) (Hour, M., or P. M.)

(23) (Signature) Wm. B. B. B.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Corryville

Given name added from a supplemental report

(26) Witness

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

(27) Date Feb. 12, 1922

(28)

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

WRITING PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. M.—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.

MEDICAL COLUMBIA, COLUMBIA, S. C.