

Form No. 1

(1) PLACE OF BIRTH

County of MarlboroTownship of Red Bluffor McCallInc. Town of McCallor SCCity of SC

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 330

File No.—For State Registrar Only

43779Registered No. 154

(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 5 1922</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME <u>James Walter Loring</u>	(14) NAME BEFORE MARRIAGE <u>Daisy Hamilton</u>
(9) PRESENT POSTOFFICE OF FATHER <u>McCall SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>McCall SC</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>
(11) AGE AT LAST BIRTHDAY <u>5-4</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>40</u> (Years)
(12) BIRTHPLACE <u>Marlboro Co SC</u>	(18) BIRTHPLACE <u>Columbus Co SC</u>
(13) OCCUPATION <u>Letter Miss work</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>10</u>	(21) Number of children of this mother now living, including present birth <u>9</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Douglas Hunter

(24) State whether Physician or 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 Dec 10 1922 (28) J. W. Mathis

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.

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.
 MCGRAW HILL BOOK CO., COLUMBIA, S. C.