

Form No. 1

## (1) PLACE OF BIRTH

County of SaludaTownship of No. 6

or

Inc. Town of

or

City of

(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 Lillie Ma Mobley

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

(3) SEX OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 23, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME	(11) AGE AT LAST BIRTHDAY
(9) PRESENT POSTOFFICE OF FATHER	(10) COLOR OR RACE
(12) BIRTHPLACE	(13) OCCUPATION

## MOTHER.

(14) NAME BEFORE MARRIAGE <u>Birtha Mobley</u>	(17) AGE AT LAST BIRTHDAY
(15) PRESENT POSTOFFICE OF MOTHER <u>Saluda S.C.</u>	(16) COLOR OR RACE <u>Color</u>
(18) BIRTHPLACE <u>Saluda Co.</u>	(19) OCCUPATION <u>House Work</u>
(21) Number of children of this mother now living, including present birth <u>1 2</u>	

## 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 or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lillie Parrie  
(24) State whether Physician or Midwife Mid Wife (25) Address of Physician or Midwife Saluda S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Date May 10, 1922 (28) Local Registrar S. W. Koon

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.

8-3-22 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.

12-2-22