Form No. 1

(1) PLACE OF BIRTH

County of .....

Township of .....
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
36900

Registration District No. ..... Registered No. 82
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. ..... St.; ..... Ward)

(2) Full Name of Child: Hazel Mauman

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Nov. 13 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME: Brizylean Mauman

(9) PRESENT POSTOFFICE OF FATHER: Summerville

(10) COLOR OR RACE: Negro

(11) AGE AT LAST BIRTHDAY: 40 (Years)

(12) BIRTHPLACE: S C

(13) OCCUPATION: Farmer

(20) Number of children born to mother, including present birth: 6

MOTHER.

(14) NAME BEFORE MARRIAGE: Mariah Hiller

(15) PRESENT POSTOFFICE OF MOTHER: Summerville Oe

(16) COLOR OR RACE: Negro

(17) AGE AT LAST BIRTHDAY: 28 (Years)

(18) BIRTHPLACE: S C

(19) OCCUPATION: Home wife

(21) Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Ira Mitchell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed Dec 10 1922 (28) J. M. Hendricks
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.

McCaw of Columbia, Columbia, S. C.

FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.