Form No. 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
41176

(1) PLACE OF BIRTH

County of Calhoun

Township of Pine Grove

or

Inc. Town of Lone Star SC Registration District No. 103 Registered No. 107 (For use of Local Registrar)

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

(3) BOY OR ~~GIRL~~	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
		3	20	Dec 19 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Henry Buckman	(14) NAME BEFORE MARRIAGE	Emma Kitt
(9) PRESENT POSTOFFICE OF FATHER	Ft Motte SC	(15) PRESENT POSTOFFICE OF MOTHER	Ft Motte SC
(10) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY (Years)	29	(17) AGE AT LAST BIRTHDAY (Years)	25
(12) BIRTHPLACE	Ft Motte SC	(18) BIRTHPLACE	Ft Motte SC
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	3	(21) Number of children of this mother now living, including present birth	3

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 3 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mary William

(24) State whether ~~Physician~~ or Midwife

(25) Address of Physician or Midwife Ft Motte SC

Given name added from a supplemental report

.....

..... 19 .... Registrar

(26) Witness Mrs J D Stoudemire (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 1 1922 (28) J D Stoudemire 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.

MARGIN RESERVED FOR BINDING.
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.

McCAW OF COLUMBIA, COLUMBIA, S. C.