

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Orangeburg
 or
 Inc. Town of Forster
 or
 City of Parlaw, S.C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31622

Registration District No. 3603 Registered No. 90
 (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 Ida Emily Wellfair (If child is not yet named, make supplemental report as directed)

(3) SEX OR Female (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 15, 22
 (Name, Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Armed Wellfair</u>	(14) NAME BEFORE MARRIAGE <u>Asia Monroe</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Parlaw, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Parlaw, S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)
(12) BIRTHPLACE <u>Parlaw, S.C.</u>	(18) BIRTHPLACE <u>Parlaw, S.C.</u>	(19) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer wife</u>
(20) Number of children born to mother, including present birth <u>11</u>	(21) Number of children of this mother now living, including present birth <u>10</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) William H. White
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Orangeburg, S.C.

Given name added from a supplemental report

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

(27) Filed Sept 17, 22 (28) William H. White 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.