

Form No. 1

(1) PLACE OF BIRTH

County of Berkley
 Township of St. Stephens
 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
41096

Registration District No. 705 Registered No. 139
 (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 Horroly Haddock If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL G (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 18 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME H. J. Gerald

(9) PRESENT POSTOFFICE OF FATHER Nichols

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38
 (Years)

(12) BIRTHPLACE St. Stephens

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE Sciela Jefferson

(15) PRESENT POSTOFFICE OF MOTHER St. Stephens

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 36
 (Years)

(18) BIRTHPLACE St. Stephens

(19) OCCUPATION Farming

(21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Sereva Haddock

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife St. Stephens

Given name added from a supplemental report

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

(27) Filed Dec 27 1922 (28) W. A. Fyfe 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.

MAINTAINED RESERVED FOR BINDING. WHEN PLACING THIS IN A PERMANENT RECORD. IN A CASE OF TWINNING OR TRIPLETS, MAKE THE BLANKS FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.