

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

(3) BOY OR GIRL G (4) Twin or Triplet? No (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. H. 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 5

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 5

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) Serenal Haddley(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) H. 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 FOR BINDING. WHEN PRINTING IN A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS, MAKE BLANK FOR EACH CHILD, AND MAKE THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.