

Form No. 1

(1) PLACE OF BIRTH

County of Malden...
 Township of Red Hill...
 or
 Inc. Town of.....
 or
 City of..... (No. St.; Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19497

Registration District No. 3307. Registered No. 12.....
 (For use of Local Registrar)

(2) Full Name of Child Mary Harlow

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

3 BOY OR GIRL? <u>girl</u>	4 Twin or Triplet? <u>triplet</u> To be answered only in event of Twins or Triplets	5 Number in order of birth	6 Are Parents Married? <u>yes</u>	7 DATE OF BIRTH <u>May 12, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8 FULL NAME <u>Will Spence</u>			14 NAME BEFORE MARRIAGE <u>Eless Harlow</u>	
9 PRESENT POSTOFFICE OF FATHER <u>Bluefield S.C.</u>			15 PRESENT POSTOFFICE OF MOTHER <u>Bluefield S.C.</u>	
10 COLOR OR RACE <u>Colored</u>			16 COLOR OR RACE <u>Colored</u>	
11 AGE AT LAST BIRTHDAY <u>29</u> (Years)			17 AGE AT LAST BIRTHDAY <u>30</u> (Years)	
12 BIRTHPLACE <u>S.C.</u>			18 BIRTHPLACE <u>S.C.</u>	
13 OCCUPATION <u>Team Laborer</u>			19 OCCUPATION <u>Team Laborer</u>	
20 Number of children born to mother, including present birth <u>5</u>			21 Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive..... at 1:30 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Athie Hodges

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 29, 1922(28) Paul Campbell
 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. E.—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.