

Form No. 1

(1) PLACE OF BIRTH

County of HorryTownship of HopeCity of HopeInc. Town of HopeCity of Hope

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

41041

Registration District No. 2508 Registered No. 136

(For use of Local Registrar)

(No. 136 Ward)

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

(2) Full Name of Child Alma Stackhouse If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Dec 9 1923</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Boys Stackhouse</u>	(14) NAME BEFORE MARRIAGE <u>Addie Pittman</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Nichols S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Nichols S.C.</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Nichols S.C.</u>	(16) COLOR OR RACE <u>Colored</u>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Year)
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Year)	(18) BIRTHPLACE <u>Horry Co S.C.</u>	(18) BIRTHPLACE <u>Horry Co S.C.</u>
(12) BIRTHPLACE <u>Horry Marion Co S.C.</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Domestic</u>	(21) Number of children of this mother now living, including present birth <u>2</u>
(20) Number of children born to mother, including present birth <u>2</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:00 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. Miller(24) State whether Physician or Midwife (25) Address of Physician or Midwife Horry S.C.

(Given name added from a supplemental report)

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

(27) Filed Dec 10 1923 (28) Local Registrar C. J. Miller

When there was no attending physician or midwife, then the father, householder, or other person must 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.