

Form No. 1

## (1) PLACE OF BIRTH

County of Lee  
 Township of Mt. Clew  
 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

43397

Registration District No. 3004 Registered No. 59  
 (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

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 30, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Edney Mahoney  
 (9) PRESENT POSTOFFICE OF FATHER Bishopville S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40  
 (12) BIRTHPLACE Lee Co  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Janie Mahoney  
 (15) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30  
 (18) BIRTHPLACE Lee Co  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Delia Jackson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Bishopville 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 Jan 6 19 23 (28) Newton Calhoun  
 Registrar 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.