

Form No. 1

## (1) PLACE OF BIRTH

County of RichlandTownship of Loweror  
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

36301

Registration District No. 3803 Registered No. 242  
(For use of Local Registrar)

## (2) Full Name of Child

Ellen Semson

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Oct-17-22  
(Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplets

## FATHER.

(8) FULL NAME

Boger Semson

(9) PRESENT POSTOFFICE OF FATHER

Congaree S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

23  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

19 Laborer

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Ellen Williams

(15) PRESENT POSTOFFICE OF MOTHER

Congaree S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

19  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Susana Wright

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeCongaree

Given name added from a supplemental report

(26) Witness

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

(27) Filed 10/30-1922(28) J. P. Minor  
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.