

Form No. 1

(1) PLACE OF BIRTH

County of WadeburgTownship of Kennett

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

20470

Registration District No. 4308Registered No. 3-2
(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 George Henry Plowden

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

3) BOY OR GIRL? <u>Boy</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>June 22</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME George Plowden9) PRESENT POSTOFFICE OF FATHER Lanes, S.C.10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 22
(Years)12) BIRTHPLACE Wadeburg co., S.C.13) OCCUPATION Farmer20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lucie Anna Davis(15) PRESENT POSTOFFICE OF MOTHER Lanes, S.C.(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Wadeburg co., S.C.(19) OCCUPATION Farm laborer(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 Born alive at 4-2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lucie Plowden(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Lanes, 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 June 22 19 22 (28) L. R. Thompson 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.

MCCAW OF COLUMBIA, COLUMBIA, S. C.