

Form No. 1

(1) PLACE OF BIRTH

County of NewberryTownship of # 9or
Inc. Town of

City of

(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

Registration District No. 3410 Registered No. 112

File No.—For State Registrar Only

39518

(For use of Local Registrar)

(2) Full Name of Child J. C. Sligh

(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>Nov. 9, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Walter Sligh9) PRESENT POSTOFFICE OF FATHER Prosperity Se10) COLOR OR RACE Black 11) AGE AT LAST BIRTHDAY 60 (Years)12) BIRTHPLACE Newberry Co13) OCCUPATION Farmer20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Elmura Chapman15) PRESENT POSTOFFICE OF MOTHER Prosperity Se16) COLOR OR RACE Black 17) AGE AT LAST BIRTHDAY 45 (Years)18) BIRTHPLACE Newberry Co19) OCCUPATION Housewife21) 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 7 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Phoebe Cannon(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Prosperity Se

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Nov. 17, 1922 (28) M. T. Gibson 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.

MAKING HIGHER FOR BINDING.
WRITE MAINLY, WITH UNFADING INK—THIS IS A REQUIREMENT REQUIRED.
N. B.—In case of TWINS OR TRIPLETS use a SUPPLEMENTAL REPORT FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.