

Form No. 1

(1) PLACE OF BIRTH

County of Adams
 Township of Stateburg
 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

5379

Registration District No. 4109 Registered No. 9
 (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 Julius F. Delough If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) Age Person Married 44 (7) DATE OF BIRTH Feb. 6, 1923
 To be reported only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>B. Delough</u>	(14) NAME BEFORE MARRIAGE <u>Addie Richardson</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Del. S.C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Del. S.C.</u>
(10) COLOR OR RACE <u>col</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(12) COLOR OR RACE <u>col</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>S. C.</u>	(14) BIRTHPLACE <u>S.C.</u>	(16) OCCUPATION <u>Farm laborer</u>	(18) OCCUPATION <u>Farm laborer</u>
(18) Number of children born to mother, including present birth <u>3</u>	(20) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 94 years old 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. H. H.
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Del. S.C.

(Given name added from a supplemental report) (26) Witness Mrs. S. H. H. H.
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb. 14, 1923 (28) B. H. H. H. 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 UNWRITTEN SPACES AS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FROM EACH CHILD. AND MARK THE FIRST-BORN. NO. 1. THE OTHER, NO. 2, ETC. IN QUESTION 4. BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.