

Form No. 1

(1) PLACE OF BIRTH

County of Newberry
 Township of St. George
 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
31461

Registration District No. 2400 Registered No. 84
 (For use of Local Registrar)

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

1) BOY OR GIRL girl 2) Twin or Triplet? No 3) Number in order of birth 1 4) Are Parents Married? no 5) DATE OF BIRTH Sept. 2, 1922
 (Name of Month) (Day) (Year)

FATHER.

6) FULL NAME
 7) PRESENT POSTOFFICE OF FATHER
 8) COLOR OR RACE
 9) BIRTHPLACE
 10) OCCUPATION

(11) AGE AT LAST BIRTHDAY
 (Years)

MOTHER.

12) NAME BEFORE MARRIAGE Abela Mante
 13) PRESENT POSTOFFICE OF MOTHER Perquimans
 14) COLOR OR RACE Black 15) AGE AT LAST BIRTHDAY 26
 (Years)
 16) BIRTHPLACE Newberry Co
 17) OCCUPATION Girl
 18) 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 Alan at 10:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Georgeanna L. L. L.
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Perquimans

Given name added from a supplemental report

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

(27) Filed Sept. 10, 1922 (28) W. T. L. L. 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.