

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

OR

Inc. Town of

OR

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

File No.—For State Registrar Only

20519

Registration District No. 440.9

Registered No. 29
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

Robert Lee Giff

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

3) BOY OR GIRL Boy	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married? yes	7) DATE OF BIRTH June 9, 1922 (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME Harderson Giff			14) NAME BEFORE MARRIAGE Mary Dorsey	
9) PRESENT POSTOFFICE OF FATHER Bullock Creek S.C.			15) PRESENT POSTOFFICE OF MOTHER Bullock Creek S.C.	
10) COLOR OR RACE Black			16) COLOR OR RACE Black	
11) AGE AT LAST BIRTHDAY 32 (Years)			17) AGE AT LAST BIRTHDAY 27 (Years)	
12) BIRTHPLACE York Co S.C.			18) BIRTHPLACE York Co S.C.	
13) OCCUPATION Farmer			19) OCCUPATION Housewife	
20) Number of children born to mother, including present birth 1 3			21) Number of children of this mother now living, including present birth 1 3	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lydia Foster

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Bullock Creek 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 16, 1922

(28)

D. A. Mitchell

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.

N. H.—In case of TWIN or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.