

Form No. 1

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.

## (1) PLACE OF BIRTH

County of York  
Township of King's Mt.  
or  
Inc. Town of.....  
or  
City of.....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. ....

File No.—For State Registrar Only

2-1-18-2

24362-2

Registered No. ....  
(For use of Local Registrar)

St.; ..... Ward)

## (2) Full Name of Child

Hellen Elizabeth Season  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 24, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Brian Season  
(9) PRESENT POSTOFFICE OF FATHER King Creek S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 18 (Years)  
(12) BIRTHPLACE North Carolina  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1

## (14) NAME BEFORE MARRIAGE

## (15) PRESENT POSTOFFICE OF MOTHER

## (16) COLOR OR RACE

## (17) AGE AT LAST BIRTHDAY

## (18) BIRTHPLACE

## (19) OCCUPATION

## (21) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Farmer N.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Aug 9, 1922

(28)

J. A. Whisnant  
Local Registrar

, 19 .....

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.

McCAW OF COLUMBIA, COLUMBIA, S. C.