

Form No. 1

(1) PLACE OF BIRTH

County of YorkTownship of Chatham

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

43102

Registration District No. 2794 Registered No.
(For use of Local Registrar)(2) Full Name of Child Louise Counts If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? <u>Girl</u>	4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>No</u>	7) DATE OF BIRTH <u>Dec 2, 1922</u> (Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Lewis Counts</u>	(14) NAME BEFORE MARRIAGE <u>Frankie Johnson</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Blaney SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Blaney SC</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>	(19) OCCUPATION <u>Farm Hand</u>	(21) Number of children of this mother now living, including present birth <u>4</u>
(13) OCCUPATION <u>Farmer</u>	(20) Number of children born to mother, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Beckie Moore(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Blaney SC

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 31, 1922 Wm. D. Grogby 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MCCAW OF COLUMBIA, COLUMBIA, O. C.