

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

In Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(3) BOY OR GIRL

boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Mar 22, 1922

Registered No. 30

(For use of Local Registrar)

Registration District No. 3905

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

12778

FATHER.

(8) FULL NAME

Marshall Lemell

(9) PRESENT POSTOFFICE OF FATHER

Saluda Sc

(10) COLOR OR RACE

Color

(11) AGE AT LAST BIRTHDAY

28

(12) BIRTHPLACE

Edgefield Co

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

1 2

MOTHER.

(14) NAME BEFORE MARRIAGE

Sallie Berry

(15) PRESENT POSTOFFICE OF MOTHER

111111 Sc

(16) COLOR OR RACE

Color

(17) AGE AT LAST BIRTHDAY

27

(18) BIRTHPLACE

Edgefield Co

(19) OCCUPATION

House Wife

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

1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

M. A. Berry

(24) State whether Physician or Midwife

Mid Wife

(25) Address of Physician or Midwife

Saluda Sc

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 10, 1922

(28)

D. W. Korn

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.

RECORD OF BIRTHS, SOUTH CAROLINA, 1922