

Form No. 1

(1) PLACE OF BIRTH

County of Berkeley
 Township of St. Stephens
 or
 Inc. Town of

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

File No.—For State Registrar Only

37362

Registration District No. 705 Registered No. 116
 (For use of Local Registrar)

City of (No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child Regena Middleton If child is not yet named, make supplemental report as directed

3. BOY OR GIRL G 4. Twin or Triplet? ✓ 5. Number in order of birth 6. Are Parents Married? yes 7. DATE OF BIRTH Nov. 3, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
8. FULL NAME <u>Eddie Middleton</u>	14. NAME BEFORE MARRIAGE <u>Nora Parale West</u>	9. PRESENT POSTOFFICE OF FATHER <u>St. Stephens</u>	15. PRESENT POSTOFFICE OF MOTHER <u>St. Stephens</u>
10. COLOR OR RACE <u>negro</u>	11. AGE AT LAST BIRTHDAY <u>43</u> (Years)	16. COLOR OR RACE <u>negro</u>	17. AGE AT LAST BIRTHDAY <u>29</u> (Years)
12. BIRTHPLACE <u>St. Stephens</u>	18. OCCUPATION <u>Farming</u>	18. BIRTHPLACE <u>Macleth</u>	18. OCCUPATION <u>Farm-vice</u>
19. OCCUPATION	20. Number of children born to mother, including present birth <u>4</u>	21. Number of children of this mother now living, 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 Emaline at 9:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nancy Vice (24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife St. Stephens

Given name added from a supplemental report

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

(27) Filed Nov. 7, 1922 (28) M. D. Rugh 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.