

Form No. 1

## (1) PLACE OF BIRTH

County of SaludaTownship of # 7or  
Inc. Town of.....or  
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

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

|                  |   |                              |                          |   |
|------------------|---|------------------------------|--------------------------|---|
| (3) BOY OR GIRL? | (4) Twin or Triplet?                              | (5) Number in order of birth | (6) Are Parents Married? | (7) DATE OF BIRTH                                 |
|                  | To be answered only in event of Twins or Triplets |                              | <u>no</u>                | <u>Jan 6 1922</u><br>(Name of Month) (Day) (Year) |

## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY..... (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Martha Goodman

(15) PRESENT POSTOFFICE OF MOTHER Batesburg S C

(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY..... (Years) 24

(18) BIRTHPLACE Saluda Co

(19) OCCUPATION Farm laborer

(21) Number of children of this mother now living, including present birth 1

## 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) Sue Sant

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Feb 4 1922 (28) F. W. Branch 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.

BEARING BIRTHED FROM UNKNOWN  
WITH PLACENT, WITH UNPAIDING, etc.—this is a FURNISHMENT REQUIRED.  
N. B.—In case of TWINNING OR TRIPLETS use a MALE/FEMALE BLACK FOR EACH CHILD, and mark the  
FURNISHMENT, No. 2, etc., in question 5.

REGISTERED SALUDA, CALDWELL, S. C.

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

File No.—For State Registrar Only

2413

Registration District No. 2901 Registered No. 2

(For use of Local Registrar.)