

Form No. 1

(1) PLACE OF BIRTH

County of Auderson  
 Township of Wellington  
 Inc. Town of Palmyra  
 City of .....

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

Registration District No. 29

No. for State Register 2772

Registered No. 24  
 (For use of Local Registrar)

(2) Full Name of Child

Grace Maud Southernland  
 (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 <u>girl</u>	4) Type or Types To be entered only in case of Twins or Triplets	5) Number in order of birth	6) Sex <u>girl</u>	7) DATE OF BIRTH Mo. <u>Feb</u> Day <u>5</u> Year <u>1924</u> (Name of Month) (Day) (Year)
8) FULL NAME <u>R. D. Southernland</u>			9) MOTHER'S NAME <u>Laura Campbell</u>	
10) PRESENT POSTOFFICE OF FATHER <u>Pelzer St</u>			10) PRESENT POSTOFFICE OF MOTHER <u>Pelzer St</u>	
11) COLOR OR RACE <u>white</u>	11) AGE AT LAST BIRTHDAY <u>54</u> (Years)	11) COLOR OR RACE <u>white</u>		
12) BIRTHPLACE <u>S.C.</u>	12) BIRTHPLACE <u>S.C.</u>			
13) OCCUPATION <u>Farmer</u>	13) OCCUPATION <u>Domestic</u>			
20) Number of children born to mother, including present birth <u>9</u>			20) Number of children of this mother <u>8</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(22) Signature of Physician or Midwife  
W. J. Madson  
 (23) Address of Physician or Midwife  
Pelzer St

Given name added from report  
 When there was more than one child, give name of each child in order of birth