

Form No. 1

(1) PLACE OF BIRTH

County of McCormick
 Township of Edgelyfield
 or
 Inc. Town of
 or
 City of (No. St. Ward)

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

354739

Registration District No. 4501 Registered No. 39
 (For use of Local Registrar)

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

(2) Full Name of Child Ida Belle Pickens If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 26, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER (8) FULL NAME Liston Pickens (14) NAME BEFORE MARRIAGE May Belle Cartledge

(9) PRESENT POSTOFFICE OF FATHER Phume Branch 20 (15) PRESENT POSTOFFICE OF MOTHER Phume Branch

(10) COLOR OR RACE col. (11) AGE AT LAST BIRTHDAY 17 (16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 17
 (Year) (Year)

(12) BIRTHPLACE Edgelyfield Co. (18) BIRTHPLACE Edgelyfield Co.

(13) OCCUPATION Saw mill hand (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1 (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 born alive at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harriet Seeley (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Phume Branch

Given name added from a supplemental report

(26) Witness Martha Cartledge (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct. 28, 1922 D. J. Morgan 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.

N. B.—In case of TWINS or TRIPLETS use a SEPARATE HYGIANIC FORM FOR EACH CHILD, and mark the FIRSTBORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MADE BY COLUCCI, COLUMBIA, S. C.