

Form No. 1

(1) PLACE OF BIRTH

County of LancasterTownship of GeorgeInc. Town of ClintonCity of Clinton

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

(2) Full Name of Child

Not named

File No.—For State Registrar Only

28967

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 1Registered No. 13
(For use of Local Registrar)

St.; Ward)

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

| | | | | |
|----------------------------|--|--------------------------------------|------------------------------------|--|
| 3) BOY OR GIRL? <u>Boy</u> | 4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets | 5) Number in order of birth <u>1</u> | 6) Are Parents Married? <u>Yes</u> | 7) DATE OF BIRTH <u>Sept 6, 1922</u> (Name of Month) (Day) (Year) |
|----------------------------|--|--------------------------------------|------------------------------------|--|

FATHER.

(8) FULL NAME Frank N. D.

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 15
(Year)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Lee(15) PRESENT POSTOFFICE OF MOTHER Clinton(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 15
(Year)(18) BIRTHPLACE Lancaster Co. S.C.(19) OCCUPATION Farmer(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 at 11 P.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Edith May Anderson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Clinton

Given name added from a supplemental report

Frank N. D.9/11 1922
Registrar(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 19 (28) 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

MCRAW OF COLUMBIA, COLUMBIA, S. C.