

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
Township of Providence
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
36004

Registration District No. 3614... Registered No. 127...
(For use of Local Registrar)

(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 Mary Lee Fogle

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 1 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Austin Fogle
(9) PRESENT POSTOFFICE OF FATHER Ellmore S.C.
(10) COLOR OR RACE Colord (11) AGE AT LAST BIRTHDAY 40 (Year)
(12) BIRTHPLACE Orangeburg Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 6

MOTHER

(14) NAME BEFORE MARRIAGE Elley Fogle
(15) PRESENT POSTOFFICE OF MOTHER Ellmore S.C.
(16) COLOR OR RACE Colord (17) AGE AT LAST BIRTHDAY 38 (Year)
(18) BIRTHPLACE Orangeburg Co
(19) OCCUPATION House Wife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Dack
(24) State whether Physician or Midwife Mid wife (25) Address of Physic or Midwife Ellmore S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mar)
(27) Oct 10 1922 (28) J. J. Dantler 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 BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.