

Form No. 1

(1) PLACE OF BIRTH

County of Horry
 Township of Folly
 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

30761

Registration District No. 2501 Registered No. 74
 (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 Von Renee

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Twin (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 19 19 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Al Renee(14) NAME BEFORE MARRIAGE Ladies Jones(9) PRESENT POSTOFFICE OF FATHER Folly R.C.(15) PRESENT POSTOFFICE OF MOTHER Folly R.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE L.C.(18) BIRTHPLACE L.C.(13) OCCUPATION Farmmer(19) OCCUPATION House work(20) Number of children born to mother, including present birth 6(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 25 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Graham(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Folly R.C.

Given name added from a supplemental report

(26) Witness Von Renee
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 21 1922 (28) E. Williams 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.
 DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.