

Form No. 1

(1) PLACE OF BIRTH

County of Lef.Township of Stokes Bridge

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

43426

Registration District No. 3008 Registered No. 54
(For use of Local Registrar)(2) Full Name of Child Miriam

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 30, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Carson Dancy(9) PRESENT POSTOFFICE OF FATHER Bishopville SC R6(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Kershaw Co SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Carnelle Roary(15) PRESENT POSTOFFICE OF MOTHER Bishopville SC R6(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Lee Co SC(19) OCCUPATION Domestic(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 female at 4 P. M., on the date above stated, (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lottie Brinson (24) State South Carolina (25) Address of Physician or Midwife Bishopville SC R6

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 6, 1923 (28) R.M. Smith 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.