Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 12994

(1) PLACE OF BIRTH

County of Lancaster

Township of Mayesville
or
Inc. Town of .....
or
City of .....

Registration District No. 4102 Registered No. 19 (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 Solomon (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL: Girl

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH March 16 1922 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Elman Solomon	(14) NAME BEFORE MARRIAGE	Emma Solomon
(9) PRESENT POSTOFFICE OF FATHER	Shiloh SC	(15) PRESENT POSTOFFICE OF MOTHER	Shiloh SC
(10) COLOR OR RACE	Col	(16) COLOR OR RACE	Col
(11) AGE AT LAST BIRTHDAY (Years)	33	(17) AGE AT LAST BIRTHDAY (Years)	27
(12) BIRTHPLACE	SC	(18) BIRTHPLACE	SC
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	5	(21) Number of children of this mother now living, including present birth	5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ola Cooper

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Mayesville

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed Mar 21 1922

(28) E. Cooper
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. B.—In case of TWINS or TRIPLETS use SEPARATE BLANKS FOR EACH CHILD, and mark the FIRST-BORN, No. 1, in the order, No. 2, etc., in question 5.
McCaw of Columbia, S. C.