

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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

43080

Registration District No. 2701

Registered No. 2701

(For use of Local Registrar)

(2) Full Name of Child Emma Boston

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

(3) BOY OR GIRL? gm

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? No

(7) DATE OF

BIRTH Dec 4 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Boston

(15) PRESENT POSTOFFICE OF MOTHER Lucknow SC

(16) COLOR OR RACE Col

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Farming

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 5:30 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Betty Hall

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec 20 1922 (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.