Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg

Township of Liberty

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
16236

Registration District No. 3610 Registered No. 21
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. ..... St.; ..... Ward)

(2) Full Name of Child Mary Way (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? | (4) Twin or Triplet? | (5) Number in order of birth 4 | (6) Are Parents Married? Yes | (7) DATE OF BIRTH May 19 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME George Way

(9) PRESENT POSTOFFICE OF FATHER Orangeburg S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mary L Griffith

(15) PRESENT POSTOFFICE OF MOTHER Orange S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Geo H Walter M.D.

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife Orange S.C.

Given name added from a supplemental report

..... 19.... Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 8 1922 (28) R. P. Guess 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 OTHERS, No. 2, etc., in question 6.

MARTIN BLANEY, WHITE UNDERTAKING ESTABLISHMENT, COLUMBIA, S. C.

Mach. of Columbia, Columbia, S. C.