

Form No. 1

(1) PLACE OF BIRTH

County of Marlboro
 Township of Hebron
 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
39409

Registration District No. 3304 Registered No. 156
 (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 William Foreman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 9 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edward Foreman
 (9) PRESENT POSTOFFICE OF FATHER Clis - S C
 (10) COLOR OR RACE Cul (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE S C
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Riccy Foreman
 (15) PRESENT POSTOFFICE OF MOTHER Clis S C
 (16) COLOR OR RACE Cul (17) AGE AT LAST BIRTHDAY (Years)
 (18) BIRTHPLACE S C
 (19) OCCUPATION Labourer
 (21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White at 6 P.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife Alice M. Case
 (24) State whether Physician or 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 Nov 11 1922 (28) W. H. Woodley 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.

REMARKS: THIS FORM IS TO BE FILLED IN BY THE REGISTRAR OR BY THE FATHER, HOUSEHOLDER, ETC., WHEN THERE IS NO ATTENDING PHYSICIAN OR MIDWIFE. IN CASE OF TWINS OR TRIPLETS, GIVE EACH CHILD'S NAME, SEX, AND DATE OF BIRTH, IN QUESTION 2.