

Form No. 1

(1) PLACE OF BIRTH —

County of MecklenburgTownship of West

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

25488

Registration District No. 1202 Registered No. 47

(For use of Local Registrar)

(2) Full Name of Child not named

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

(6) Are Parents Married?

(7) DATE OF

BIRTH June 11, 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 Fannie Moore(15) PRESENT POSTOFFICE OF MOTHER Lang St. 942(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY.....
(Years)

(18) BIRTHPLACE

(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Fannie Moore at Mecklenburg,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) F. M. Moore

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lang St. 942

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(28)

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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.