Form No. 1

(1) PLACE OF BIRTH

County of Saluda SC

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
36334

Registration District No. 8903 Registered No. 0 —
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child James Earl Stone (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy			Yes	Oct 6 1922

FATHER

(8) FULL NAME Arthur P Stone

(9) PRESENT POSTOFFICE OF FATHER Saluda SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Saluda SC

(13) OCCUPATION Farmer

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

MOTHER

(14) NAME BEFORE MARRIAGE Nellie Gertrude Rush

(15) PRESENT POSTOFFICE OF MOTHER Saluda SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Augusta Ga

(19) OCCUPATION Housewife

(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 Alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S M Pitts

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

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 Nov 9 1922 (28) Marie Grant
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 a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

BECAW-CP COLUMBIA, COLUMBIA, S. C.