

Form No. 1

(1) PLACE OF BIRTH

County of CashierTownship of Pr. Grove

or

Inc. Town of Lane Street

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29139

Registration District No. 803Registered No. 60

(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 Margueria Hammond Vee 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
	To be answered only in event of Twins or Triplets		<u>yes</u>	<u>Sept 28 1922</u> (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>D. V. Vee</u>	(14) NAME BEFORE MARRIAGE	<u>Katie E. Hudson</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Pr. Grove S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Lane Street S. C.</u>
(10) COLOR OR RACE	<u>White</u>	(16) COLOR OR RACE	<u>White</u>
(11) AGE AT LAST BIRTHDAY	<u>24</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>20</u> (Years)
(12) BIRTHPLACE	<u>S. C.</u>	(18) BIRTHPLACE	<u>S. C.</u>
(13) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>Housewife</u>
(20) Number of children born to mother, including present birth	<u>1</u>	(21) Number of children of this mother now living, including present birth	<u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)	(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
<u>see above</u>	<u>J. L. Green M.D.</u>	<u>Greenville S. C.</u>

Given name added from a supplemental report	(26) Witness	(27) Filed	(28) Local Registrar
<u>9-38-42</u>	(Signature of Witness necessary only when question 23 is signed by mark)	<u>Sept 29 1922</u>	<u>J. L. Green</u>
<u>M. E. W.</u>			

*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.

MEDICAL DEPARTMENT, COLUMBIA, S. C.