Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
30922

County of Lancaster Co.
Township of Flat Creek
or
Inc. Town of .....
or
City of .....

Registration District No. 2803 Registered No. 96
(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 ..... (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		Y	Sept 8 1922 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Elmore Sugar	(14) NAME BEFORE MARRIAGE	Amelia
(9) PRESENT POSTOFFICE OF FATHER	R.F.D. 43 Kershaw SC	(15) PRESENT POSTOFFICE OF MOTHER	Kershaw S.C.
(10) COLOR OR RACE	Black	(16) COLOR OR RACE	Black
(11) AGE AT LAST BIRTHDAY	46 (Years)	(17) AGE AT LAST BIRTHDAY	37 (Years)
(12) BIRTHPLACE	Lan Co.	(18) BIRTHPLACE	Lan Co
(13) OCCUPATION	Farmer	(19) OCCUPATION	
(20) Number of children born to mother, including present birth	9	(21) Number of children of this mother now living, including present birth	9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary H Watts (M.W.)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Wis H Elbridge Kershaw SC

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 Oct 1922 (28) T. C. Nelson
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.

MAP-IN MEASURES FOR BINDING
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.

McCaw of Columbia, Columbia, N. C.