

Form No. 1

## (1) PLACE OF BIRTH

County of NewberryTownship of #7

Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

File No.—For State Registrar Only  
19569

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3410 Registered No. 60  
(For use of Local Registrar)

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

{ If child is not yet named, make  
supplemental report as directed

3 BOY OR GIRL? <u>Boy</u>	4 Twin or Triplet? To be answered only in case of Twins or Triplets	5 Number in order of birth	6 Are Parents Married? <u>Yes</u>	7 DATE OF BIRTH <u>June 10, 1922</u> (Name) (Month) (Day) (Year)
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## FATHER.

8 FULL NAME Geo Bridges9 PRESENT POSTOFFICE OF FATHER Prosperity Se10 COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 44 (Years)12 BIRTHPLACE Newberry Co13 OCCUPATION Farmer

14

20 Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Bridges(15) PRESENT POSTOFFICE OF MOTHER Prosperity Se(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Newberry Co(19) OCCUPATION Housewife

21

(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 11 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sally Young (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Prosperity Se

Given name added from a supplemental report

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

(27) Filed June 15, 1922 (28) W. T. Siler 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.  
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