

Form No. 1

## (1) PLACE OF BIRTH

County of YorkTownship of Bethesdaor  
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

24306

Registration District No. 4401Registered No. 59  
(For use of Local Registrar)

## (2) Full Name of Child

Mary Freeman

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

3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH

June 10, 22  
(Month) (Day) (Year)

## FATHER.

8) FULL NAME

Hunt Freeman

9) PRESENT POSTOFFICE OF FATHER

M. Connellsville, S.C.

(10) COLOR OR RACE

Uegro

(11) AGE AT LAST BIRTHDAY

about 30

12) BIRTHPLACE

S.C.

13) OCCUPATION

Farmer

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Freeman

(15) PRESENT POSTOFFICE OF MOTHER

M. Connellsville, S.C.

(16) COLOR OR RACE

Uegro

(17) AGE AT LAST BIRTHDAY

about 25

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House Field work

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 114 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Sophia Thomas

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife (Col.) M. Connellsville, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 30, 1922(28) S. H. Love Loc. 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.