

Form No. 1

(1) PLACE OF BIRTH

County of Dillon

Township of Three Creeks

or
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

Jimmie Stackhouse

(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>Dec 31, 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME James M Innis

(9) PRESENT POSTOFFICE OF FATHER Little Rock S C

(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 71
(Years)

(12) BIRTHPLACE Sc

(13) OCCUPATION Farm labor

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

MOTHER.

(14) NAME BEFORE MARRIAGE Louisa Stackhouse

(15) PRESENT POSTOFFICE OF MOTHER Dillon S C R 3

(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 16+
(Years)

(18) BIRTHPLACE Sc

(19) OCCUPATION Farm work

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1230 P
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B F Hardy M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Mifflin 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 Jan 1, 23 (28) B F Hardy
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.

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.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

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

File No.—For State Registrar Only
42086

Registration District No. 1602 Registered No. 146
(For use of Local Registrar)