

Form No. 1

## (1) PLACE OF BIRTH

County of BeltonTownship of Waller

or

Inc. Town of Wallerboro

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

41880

Registration District No. 1409 Registered No. 18

(For use of Local Registrar)

## (2) Full Name of Child

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

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

FATHER.		MOTHER.	
(8) FULL NAME	<u>F. R. R. R.</u>	(14) NAME BEFORE MARRIAGE	<u>Lucy Ann Davis</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Wallerboro SC</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Wallerboro SC</u>
(10) COLOR OR RACE	<u>White</u>	(16) COLOR OR RACE	<u>White</u>
(11) AGE AT LAST BIRTHDAY	<u>39</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>35</u> (Years)
(12) BIRTHPLACE	<u>SC</u>	(18) BIRTHPLACE	<u>SC</u>
(13) OCCUPATION	<u>K. R. R. R.</u>	(19) OCCUPATION	<u>Domestic</u>
(20) Number of children born to mother, including present birth	<u>3</u>	(21) Number of children of this mother now living, including present birth	<u>3</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... born... at... 4:40... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)	<u>R. R. R. R.</u>
(24) State whether Physician or Midwife	<u>Physician</u>
(25) Address of Physician or Midwife	<u>Wallerboro SC</u>

Given name added from a supplemental report

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

(27) Filed Dec. 10, 1922 (28) 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.

WRITE PLAINLY, WITH UNFADING INK. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE REPORT FOR EACH CHILD, AND MARK THE N. B.—In case of TWINS OR TRIPLETS use a SEPARATE REPORT FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in Question 5.

MISSISSIPPI, COLUMBIA, S. C.