

Form No. 1

## (1) PLACE OF BIRTH

County of Georgetown

Township of .....

or Inc. Town of St. Martins

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

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 16, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Salomon McConie(9) PRESENT POSTOFFICE OF FATHER St. Martins, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Motor Car Driver(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Sadie Frizy(15) PRESENT POSTOFFICE OF MOTHER St. Martins(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Laundress(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 alive at 8 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Thos. J. Lawrence(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Martins

Given name added from a supplemental report

(26) Witness A. R. Abbe (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec. 21, 1922 (28) A. R. Abbe 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 is not to be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.  
 WRITING PLAINLY, WITH UNFADING INK—THIS IS AN IMPORTANT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS, give name of each child, and make the  
 PRINT-BOOK, No. 1. THE OTHER, No. 2, etc., in question 8.  
 MEDICAL DEPARTMENT, COLUMBIA, S. C.