

Form No. 1

(1) PLACE OF BIRTH

County of Lee
 Township of Bishopville
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
43362

Registration District No. 2000

Registered No. 70
 (For use of Local Registrar)

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

(2) Full Name of Child Theodore Roosevelt Windom yet named, make supplemental report as directed

3) BOY OR GIRL? Girl 4) Twin or Triplet? No 5) Number in order of birth 1st 6) Are Parents Married? Yes 7) DATE OF BIRTH Dec 20, 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Carol Windom
 9) PRESENT POSTOFFICE OF FATHER Bishopville S.C.
 10) COLOR OR RACE Col 11) AGE AT LAST BIRTHDAY 21 (Years)
 12) BIRTHPLACE Lee Co
 13) OCCUPATION Day Labor
 20) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Nellie Champagne
 15) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.
 16) COLOR OR RACE Col 17) AGE AT LAST BIRTHDAY 20 (Years)
 18) BIRTHPLACE Lee Co
 19) OCCUPATION Domestic
 21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 5:20 A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Jessie Franklin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

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, 1923 (28) Thos. H. J. Laney 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.