

Form No. 1

(1) PLACE OF BIRTH

County of FlorenceTownship of Synch

Inc. Town of

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

42423

Registration District No. 2010 Registered No. 103
(For use of Local Registrar)(2) Full Name of Child John Sater See { 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 event of Twins or Triplets	(5) Number in order of birth <u>one</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 28, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Joseph Sater See(9) PRESENT POSTOFFICE OF FATHER Coward St.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Coward St.(13) OCCUPATION farmer(20) Number of children born to mother, including present birth { one }

MOTHER.

(14) NAME BEFORE MARRIAGE Donna Sallie See(15) PRESENT POSTOFFICE OF MOTHER Coward St.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Coward St.(19) OCCUPATION farmer(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 born at 1:15 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Essella M. Matthews(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Coward St.

Given name added from a supplemental report

(26) Witness M. B. Spang
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec. 29, 1922 (28) E. F. Whittemore
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.