

Form No. 1

(1) PLACE OF BIRTH

County of EdgefieldTownship of Shawor
Inc. Town of.....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

42220

Registration District No..... Registered No. 39

(For use of Local Registrar)

(2) Full Name of Child Beatrice Hare

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 28, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Henry Hare(9) PRESENT POSTOFFICE OF FATHER Trenton S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE Edgefield Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Blackely(15) PRESENT POSTOFFICE OF MOTHER Trenton S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Edgefield Co.(19) OCCUPATION Housewife(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 White at 10 P.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Isabella Clark(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Trenton S.C.

Given name added from a supplemental report

LAR
affid 6/9 1924
Registrar

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

(27) Filed Nov. 9, 1922 (28) P. H. Shelly
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

McGAW OF COLUMBIA, COLUMBIA, S. C.