

Form No. 1

(1) PLACE OF BIRTH

County of BeaufortTownship of Hilena

or

Inc. Town of

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 Clarinda Bys

File No. — For State Registrar Only

41038

Registration District No. 60-4Registered No. 200
(For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 24 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Hilyard Bys

(9) PRESENT POSTOFFICE OF FATHER Frogmore S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE South Carolina

(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Victoria Washington

(15) PRESENT POSTOFFICE OF MOTHER Frogmore S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE South Carolina

(19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 8

(21) Number of children of this mother now living, including present birth { 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sally Williams X Frogmore S.C.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 1.2.26 at Beaufort 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.

THIS IS A PERMANENT RECORD. TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MADE BY COLUMBIA, COLUMBIA, S. C.