

Form No. 1

(1) PLACE OF BIRTH

County of JasperTownship of Crowl

or

Inc. Town of

or

City of

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Johnny Maimor

File No.—For State Registrar Only

43025

Registration District No. 7600Registered No. 108
(For use of Local Registrar)(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? No.

(7) DATE OF

BIRTH Dec. 9th 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Adam(9) PRESENT POSTOFFICE OF FATHER Ridgeland St.(10) COLOR OR RACE Col.(11) AGE AT LAST BIRTHDAY 20
(Years)(12) BIRTHPLACE A.B.(13) OCCUPATION Labors(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Catherine Maria(15) PRESENT POSTOFFICE OF MOTHER Ridgeland St.(16) COLOR OR RACE Col.(17) AGE AT LAST BIRTHDAY 17
(Years)(18) BIRTHPLACE A.B.(19) OCCUPATION House work(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 alive at 12:00 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Laura Allen

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Ridgeland St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 12/15/22

(28) 19

(29) A. J. Ritten Jr. 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 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.

MEDICAL DEPARTMENT, COLUMBIA, S. C.