

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Orangeburg
 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

35996

Registration District No. 3613 Registered No. 143
 (For use of Local Registrar)

(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 Louise Mack (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 15 22
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Rubin Mack
 (9) PRESENT POSTOFFICE OF FATHER Orangeburg S.C.
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 27 (Year)
 (12) BIRTHPLACE Orbg Co. S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 3

MOTHER
 (14) NAME BEFORE MARRIAGE Annie Thoma
 (15) PRESENT POSTOFFICE OF MOTHER Orangeburg S.C.
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22 (Year)
 (18) BIRTHPLACE Orbg Co. S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Lizzie Harnes
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Orangeburg S.C.

Given name added from a supplemental report

(26) Witness A. L. Fairry
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 20 1922 (28) A. L. Fairry
 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD.
 FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.

MADE BY COLUMBIA, COLUMBIA, S. C.