

## (1) PLACE OF BIRTH

County of CundersonTownship of Rock MillsInc. Town of Rock MillsCity of Rock Mills

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

260

Registration District No. 312Registered No. 2

(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 Clara Beckey Capps

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>✓</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 13, 1922</u>
To be answered only in event of Twins or Triplets				(Date of Month) (Day) (Year)

## FATHER

(8) FULL NAME Foster Capps(9) PRESENT POSTOFFICE OF FATHER Cunderson(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Year)(12) BIRTHPLACE Cunderson(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

## MOTHER

(14) NAME BEFORE MARRIAGE Foster Mc Leachery(15) PRESENT POSTOFFICE OF MOTHER Cunderson(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Year)(18) BIRTHPLACE Cunderson(19) OCCUPATION house wife(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born 12 at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. Hope(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Cunderson

Given name added from a supplemental report

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

(27) Filed Feb 10, 1922 (28) G. H. Wright 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.