

Form No. 1

(1) PLACE OF BIRTH

County of *Marion*Township of *Red Bluff*

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.) (No. St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? To be answered only in event of Twin or Triplets	(5) Number in order of birth	(6) Are Parents Married <i>Yes</i>	(7) DATE OF BIRTH <i>Dec 8</i> , 19 <i>22</i> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME *Rufus H. Gaddy*(9) PRESENT POSTOFFICE OF FATHER *McCabe SC*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *33* (Years)(12) BIRTHPLACE *Marion Co SC*(13) OCCUPATION *Clark Gunner Store*(20) Number of children born to mother, including present birth *7*

MOTHER

(14) NAME BEFORE MARRIAGE *Eva Arnold*(15) PRESENT POSTOFFICE OF MOTHER *McCabe SC*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *31* (Years)(18) BIRTHPLACE *Cordele Ga*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *6:30* A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Douglas H. Hays*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed *Dec 9 1922* (28) *J. H. Hays* 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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

43778

Registration District No. *3305* Registered No. *155* (For use of Local Registrar)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.
MARGIN RESERVED FOR INDEXING.
BUREAU OF COLUMBIA, COLUMBIA, S. C.