

Form No. 1

## (1) PLACE OF BIRTH

County of MarengoTownship 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.)

(2) Full Name of Child Jessie Belle Broady

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 7</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Byrd Goodman</u>	(14) NAME BEFORE MARRIAGE <u>Mandy Broady</u>		

(9) PRESENT POSTOFFICE OF FATHER <u>McClellan SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>McClellan SC</u>
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(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
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(12) BIRTHPLACE <u>Maxton NC</u>	(18) BIRTHPLACE <u>Marengo Co SC</u>
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(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
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(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>5</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

Given name added from a supplemental report

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

(27) Filed Dec 27 1922 (28) J. H. Masterly 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.

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.

McGraw-Hill, Columbia, S. C.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43781

Registration District No. 3305 Registered No. 152

(For use of Local Registrar)

St.; ..... Ward)