

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Orange
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
35997

Registration District No. 5613 Registered No. 144
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Buella Clear Preston If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in event of Twin or Triplet (5) Number in order of birth 1 (6) Are Parents Married? ye (7) DATE OF BIRTH Oct 27 1922
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME James Preston
 (9) PRESENT POSTOFFICE OF FATHER Lamson. S.C.
 (10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 28 (Year)
 (12) BIRTHPLACE Cabg. Co. S.C.
 (13) OCCUPATION Farm -
 (20) Number of children born to mother, including present birth 7

MOTHER
 (14) NAME BEFORE MARRIAGE Louise Preston
 (15) PRESENT POSTOFFICE OF MOTHER Lamson. S.C.
 (16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 25 (Year)
 (18) BIRTHPLACE Cabg. Co. S.C.
 (19) OCCUPATION House wife
 (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 5 a.m.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Diana King
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Lamson. S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed Oct 31 1922 (28) A. L. Fair 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.

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD.
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.