

Form No. 1

(1) PLACE OF BIRTH

County of KershawTownship of Buffalo

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

43063

Registration District No. 2900 Registered No. 155
(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

(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 Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 26, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Unknown(9) PRESENT POSTOFFICE OF FATHER /(10) COLOR OR RACE /(11) AGE AT LAST BIRTHDAY /
(Years)(12) BIRTHPLACE /(13) OCCUPATION /(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Latei Wall(15) PRESENT POSTOFFICE OF MOTHER Kershaw, S.C.(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 18
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary H. Harts(24) State whether Physician or Midwife (25) Address of Physician or Midwife Kershaw S.C.

Given name added from a supplemental report

(26) Witness J. M. Caskie(Signature of Witness necessary only when question 23 is signed by midwife)(27) DEC 30 1922

19

(28)

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.