

Form No. 1

(1) PLACE OF BIRTH

County of Jasper
 Township of Hoodalligo
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

Registration District No. 2601

File No.—For State Registrar Only

30789Registered No. 67
(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 Agnes Bolden

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sep 22 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Ernest Bolden(14) NAME BEFORE MARRIAGE Anna Bolden(9) PRESENT POSTOFFICE OF FATHER Pineblair, S.C.(15) PRESENT POSTOFFICE OF MOTHER Pineblair, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24
(Year)(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22
(Year)(12) BIRTHPLACE South Carolina(18) BIRTHPLACE South Carolina(13) OCCUPATION Farmer(19) OCCUPATION Horse work

(20) Number of children born to mother, including present birth { }

(21) Number of children of this mother now living, including present birth { }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

Given name added from a supplemental report

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

(27) Filed 9/22 1922 (28) R. T. W. Roberts, Jr. 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.

BE MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.