

Form No. 1

(1) PLACE OF BIRTH

County of Mitche
 Township of Bennettsville
 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

31293

Registration District No. 3301 Registered No. 131
 (For use of Local Registrar)

(2) Full Name of Child Edward Lissy Stubbs (No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Oct 30, 1922
 To be answered only in event of Twins or Triplets (Specify Month (Day) (Year))

FATHER.

8) FULL NAME Mary Stubbs
 9) PRESENT POSTOFFICE OF FATHER Bennettsville, S.C.
 10) COLOR OR RACE Colored 11) AGE AT LAST BIRTHDAY 24
 12) BIRTHPLACE Mitche Co., S.C.
 13) OCCUPATION Sailor

MOTHER.

14) NAME BEFORE MARRIAGE Ella May Corington
 15) PRESENT POSTOFFICE OF MOTHER Bennettsville, S.C.
 16) COLOR OR RACE Colored 17) AGE AT LAST BIRTHDAY 21
 18) BIRTHPLACE Mitche Co., S.C.
 19) OCCUPATION Housewife

20) Number of children born to mother, including present birth 12

21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was.... alive.... 25a on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Adiana Grace
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bennettsville, 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 Oct 2 1922 (28) M. J. N. Pat. 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.