

Form No. 1

## (1) PLACE OF BIRTH

County of AikenTownship of Wandaor  
Inc. Town of .....or  
City of .....(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 Ellie Mae Peaton (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 Mar 28 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME M. Peaton(9) PRESENT POSTOFFICE OF FATHER Ridge Spring(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 34  
(Years)(12) BIRTHPLACE Aiken Co S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Anna Nelson(15) PRESENT POSTOFFICE OF MOTHER Ridge Spring S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 34  
(Years)(18) BIRTHPLACE Aiken Co S.C.(19) OCCUPATION Farm laborer & wife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Margaret Peaton(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ridge Spring S.C.

Given name added from a supplemental report.

(26) Witness Anna Nelson  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Apr 10 1922 (28) N. P. Danesh  
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.

MADE IN COLUMBIA, S. C.  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.