

Form No. 1

(1) PLACE OF BIRTH

County of FairfieldTownship of H. 70

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

34309

Registration District No. 929, Registered No. 31
(For use of Local Registrar)(2) Full Name of Child Olivia Esther Honeycutt (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct. 2, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME James Honeycutt(9) PRESENT POSTOFFICE OF FATHER Wallaceville, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
(Year)(12) BIRTHPLACE Irish Co. N. C.(13) OCCUPATION Saw-mill work(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Edna Bass(15) PRESENT POSTOFFICE OF MOTHER Wallaceville, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29
(Year)(18) BIRTHPLACE Irish Co. N. C.(19) OCCUPATION House-wife(21) Number of children of this mother now living, including present birth 6

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) Amanda Coleman(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Wallaceville, S.C.

Given name added from a supplemental report

(26) Witness Mrs. E. H. Priddy
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct. 7, 1922 (28) E. H. Priddy
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.

MARGIN RESERVED FOR BINDING.

WHITE PLAINS, WITH ENFOLDING INC.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MEDICAL COLUMBIA, COLUMBIA, S. C.