

Form No. 1

(1) PLACE OF BIRTH

County of York
 Township of Bullet Creek
 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

40446

Registration District No. 4463 Registered No. 52
 (For use of Local Registrar)

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 Mary Porter Percell 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 Oct 13 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Porter Hamilton Percell9. PRESENT POSTOFFICE OF FATHER Sharon SC RH 110. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 28
 (Year)12. BIRTHPLACE York Co SC13. OCCUPATION Farmer14. Number of children born to mother, including present birth 4

MOTHER.

14. NAME BEFORE MARRIAGE Ola Smith15. PRESENT POSTOFFICE OF MOTHER Sharon SC RH 116. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 27
 (Year)18. BIRTHPLACE SC19. OCCUPATION Housewife20. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Ran alive at 7 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Saye M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sharon SC

Given name added from a supplement-
 al report

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

(27) Filed Nov 12 22 (28) W. A. Mitchell
 Registrar 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.