

Form No. 1

(1) PLACE OF BIRTH

County of Willson
 Township of Willson
 or
 Inc. Town of.....
 or
 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

Registration District No. 1605

File No.—For State Registrar Only

29968

Registered No. 58
(For use of Local Registrar)

(2) Full Name of Child

Myrtal Arnet

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH 9-10-22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Neil Arnet

(9) PRESENT POSTOFFICE OF FATHER

Willson

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

36
(Years)

(12) BIRTHPLACE

Willson Co

(13) OCCUPATION

Canton Mill Work

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

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Harriet Bailey

(15) PRESENT POSTOFFICE OF MOTHER

Willson

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

35
(Years)

(18) BIRTHPLACE

Willson Co

(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 on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Harriet Bailey

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 15 1922

(28)

Local Registrar

19..... 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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

MADE IN COLUMBIA, S. C.