

Form No. 1

(1) PLACE OF BIRTH

County of Lancaster
 Township of Indian Land
 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

35174

Registration District No. 2805Registered No. 22
(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

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

(3) SEX OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH May 11 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Nallas Wm. Pittus
 (9) PRESENT POSTOFFICE OF FATHER Fort mill S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22
 (Year)
 (12) BIRTHPLACE Lancaster Co.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Buelah Patterson
 (15) PRESENT POSTOFFICE OF MOTHER Fort mill S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24
 (Year)
 (18) BIRTHPLACE Lancaster Co.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Elliott(24) State Physician Physician or Midwife(25) Address of Physician or Midwife Fort mill S.C.

Given name added from a supplemental report

(26) Witness

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

B. J. Richardson(27) Filed Aug 30 1922B. J. Richardson

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 NOTES.

WRITE PLAINLY, WITH UNFADING INK, IN A PERMANENT INK, IN THE SPACE PROVIDED FOR EACH CHILD, AND MARK THE
 1. PLACE OF BIRTH ON TRIPLATE AND A SEPARATE PLATE FOR EACH CHILD, AND MARK THE
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Bureau of Columbia, Columbia, S. C.