

Form No. 1

## (1) PLACE OF BIRTH

County of Wm. burgTownship of Pecker

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

20468

Registration District No. 4308Registered No. 54  
(For use of Local Registrar)(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 Lee Persons

(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>June 20th</u> (Month) (Day) (Year)
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## FATHER.

8) FULL NAME Hessley Persons9) PRESENT POSTOFFICE OF FATHER Writers Depot, S.C.10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 31  
(Years)12) BIRTHPLACE Wm. burg co. S.C.13) OCCUPATION farmer laborer20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Martin Mc Donald(15) PRESENT POSTOFFICE OF MOTHER Writers Depot, S.C.(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 26  
(Years)(18) BIRTHPLACE Wm. burg co. S.C.(19) OCCUPATION farmer laborer(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 S. C. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Caroline June

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwife Lanes S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 25th 19 22 (28) L. R. Mosley 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.

WRITES PLAINLY, WITH UNFADING INK—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.

McGAW OF COLUMBIA, COLUMBIA, S. C.