

Form No. 1

(1) PLACE OF BIRTH

County of GreenwoodTownship of Knawles

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

File No.—For State Registrar Only

42845

Registration District No. 2308Registered No. 23

(For use of Local Registrar)

(2) Full Name of Child

Sarah Hoie

{ 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

Dec. 22, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Lele Hoie

(9) PRESENT POSTOFFICE OF FATHER

Dyson, S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

65

(Years)

(12) BIRTHPLACE

Dyson, S.C.

(13) OCCUPATION

Farming

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

8

MOTHER.

(14) NAME BEFORE MARRIAGE

Lula Williams

(15) PRESENT POSTOFFICE OF MOTHER

Dyson, S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

45

(Years)

(18) BIRTHPLACE

Dyson, S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Ellen Austin

(24) State whether, Physician or Midwife

(25) Address of Physician or Midwife

MidwifeDyson, S.C.

Given name added from a supplemental report

(26) Witness

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

Louise L. Lary

(27) Filed

Jan. 10, 1923(28) Louise L. Lary

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.