

Form No. 1

## (1) PLACE OF BIRTH

County of LeeTownship of BishopvilleInc. Town of BishopvilleCity of Bishopville

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 300

File No.—For State Registrar Only

43344

Registered No. 37

(For use of Local Registrar)

(No. 300 St. 37 Ward 37)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Cary Joe

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

(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
<u>Male</u>	<u>No</u>	<u>1</u>	<u>Yes</u>	<u>Dec 1 1922</u>
				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Matthew Joe Sr(9) PRESENT POSTOFFICE OF FATHER Bishopville S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Virginia Wright(15) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Lee Co(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jamie Franklin(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bishopville

Given name added from a supplemental report

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

(27) Filed Jan 1 1922 (28) J. J. Laney 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.