

Form No. 1

(1) PLACE OF BIRTH

County of Malboro

Township of

or

Inc. Town of

or

City of Bingham S.C.

(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. 3300 Registered No.
 (For use of Local Registrar)

 File No.—For State Registrar Only
31276

(2) Full Name of Child

 If child is not yet named, make supplemental report as directed
 (1) BOY OR GIRL Boy (2) Twin or Triplet? No (3) Number in order of birth 3 (4) Are Parents Married? yes (5) DATE OF BIRTH Sept 26, 22
 (Name of Month) (Day) (Year)

FATHER.

 (6) FULL NAME James Albert Page
 (7) PRESENT POSTOFFICE OF FATHER Bingham S.C.
 (8) COLOR OR RACE Black (9) AGE AT LAST BIRTHDAY 23 (Years)
 (10) BIRTHPLACE near Bingham S.C.
 (11) OCCUPATION farmer

MOTHER.

 (12) NAME BEFORE MARRIAGE Mahalam Burch
 (13) PRESENT POSTOFFICE OF MOTHER Bingham S.C.
 (14) COLOR OR RACE black (15) AGE AT LAST BIRTHDAY 24 (Years)
 (16) BIRTHPLACE don't know
 (17) OCCUPATION housekeeper
(18) Number of children born to mother, including present birth 1(19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

 (20) I hereby certify that I attended the birth of this child, who was born alive at 9 9 M., on the date above stated. (M. or P. M.)

 (21) (Signature) Adelbert Carmichael
 (22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife mark

Given name added from a supplemental report

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

 (25) Filed Sept 20, 1922 (26) 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.