

Form No. 1

(1) PLACE OF BIRTH

County of BarnwellTownship of George Creekor
Inc. Town of Clonor
City of CL

(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

28965

Registration District No. 307Registered No. 17

(For use of Local Registrar)

(2) Full Name of Child

not named

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Sept 1st 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

W. I. L. L. L.

(9) PRESENT POSTOFFICE OF FATHER

CL

(10) COLOR OR RACE

CL

(11) AGE AT LAST BIRTHDAY

54
(Years)

(12) BIRTHPLACE

Barnwell S.C.

(13) OCCUPATION

farmer

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

17

MOTHER.

(14) NAME BEFORE MARRIAGE

Nancy Smith

(15) PRESENT POSTOFFICE OF MOTHER

CL

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

40
(Years)

(18) BIRTHPLACE

Barnwell S.C.

(19) OCCUPATION

housewife

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

17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11:20 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Imma Chen Midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Yocan S.C.

Given name added from a supplemental report

Imma Chen1922

Registrar

(26) Witness

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

(27) Filed

19

(28)

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 BINDING.
WHITE 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.

Bureau of Columbia, Columbia, S. C.