

Form No. 1

(1) PLACE OF BIRTH

County of KershawTownship of Water

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.)

Registration District No. 2204Registered No.
(For use of Local Registrar)

(2) Full Name of Child

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

3) BOY OR GIRL Girl4) Twin or Triplet 15) Number in order of birth 1

To be answered only in event of Twins or Triplets

6) Are Parents Married? Yes7) DATE OF BIRTH Sept. 6, 1922

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Jim Glenn9) PRESENT POSTOFFICE OF FATHER Blaney S.C.10) COLOR OR RACE Colored11) AGE AT LAST BIRTHDAY 32

(Years)

12) BIRTHPLACE S.C.13) OCCUPATION Farmer14) Number of children born to mother, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Glenn at 11:45 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. M. Daniel(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Blaney 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 Sept. 30, 1922Local Registrar Wm. H. Young

*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.

File No.—For State Registrar Only
30886NOTE: PLAINLY, WITH ENLARGING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and attach the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MCCAW OF COLUMBIA, COLUMBIA, S. C.