

Form No. 1

(1) PLACE OF BIRTH

County of Lancaster
 Township of Indian Land
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

35180

Registration District No 2805 Registered No. 28
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 3 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Hunter Perry(9) PRESENT POSTOFFICE OF FATHER R.F.D. 1 Decola S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Lancaster Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Leola Pettus(15) PRESENT POSTOFFICE OF MOTHER R.F.D. 1 Decola S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Lancaster Co. S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour PM or P.M.)

(23) (Signature) R. M. Yule
 (24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Fort Mill S.C. #3

Given name added from a supplemental report

B. J. Richardson
 Registrar

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

(27) Filed Oct 10 1922 (28) B. J. Richardson 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.