

Form No. 1

(1) PLACE OF BIRTH

County of L. A. S. L. I. N. G. T. O. N.
 Township of L. A. S. L. I. N. G. T. O. N.
 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
29872

Registration District No. K. O. F. Registered No.
 (For use of Local Registrar)

(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 Woodrow Emanuel Perkins (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 6, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME King Perkins
 (9) PRESENT POSTOFFICE OF FATHER Lamar
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 33
 (Years)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Et Wheeler
 (15) PRESENT POSTOFFICE OF MOTHER Lamar
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 23
 (Years)
 (18) BIRTHPLACE SC
 (19) OCCUPATION House Duties
 (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 alive at 10.9 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marie Pomphrey(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lamar

Given name added from a supplement-
 tal report

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

(27) Filed Sept 9, 1922 (28) R. J. Chaplin
 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.