

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

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.)

## (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?

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

Nov 9 1922

(Names of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Perry Bursley

(9) PRESENT POSTOFFICE OF FATHER

Plum Branch

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

40

(Years)

(12) BIRTHPLACE

Edgefield Co.

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Carrie Matheis

(15) PRESENT POSTOFFICE OF MOTHER

Plum Branch

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

33

(Years)

(18) BIRTHPLACE

Edgefield Co.

(19) OCCUPATION

Housewife

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

9

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

9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was. Born alive at. 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Mary L. L. L.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Plum Branch

Given name added from a supplemental report

(26) Witness

Perry Bursley

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

(27) Filed

Nov 20 1922

(28)

D. L. L. L.

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.