

Form No. 1

(1) PLACE OF BIRTH

County of Newberry.....
 Township of H. 7.....
 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

43856

Registration District No. 34.1.0. Registered No. 121.....
 (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

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Dec 5, 1922</u> (Name of Month) (Day) (Year)			
FATHER.			MOTHER.				
(8) FULL NAME <u>Jack Johnston</u>	(14) NAME BEFORE MARRIAGE <u>Andrew McDavid</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Little Mountain</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Little Mountain</u>	(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY... <u>21</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY... <u>18</u> (Years)
(12) BIRTHPLACE <u>Newberry co</u>	(18) BIRTHPLACE <u>Newberry co</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>	(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive..... at 3:10 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Riley(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife W. S. Purdy Sr

Given name added from a supplement-
 tal report

(26) Witness

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

(27) Filed Dec 14, 1922(28) W. T. Gibson
 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.

WASTE PAINFULLY. WITH UNNECESSARY INK—THIS IS A PERMANENT RECORD.
 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.