

Form No. 1

(1) PLACE OF BIRTH  
 County of Pickens  
 Township of .....  
 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

2284

Registration District No. 3206 Registered No. 1  
 (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 Delger Algood 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 30, 1922  
 To be answered only in event of Twins or Triplets (State of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ervin Jack Algood  
 (9) PRESENT POSTOFFICE OF FATHER Pickens S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 54 (Years)  
 (12) BIRTHPLACE Pickens S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth Six (6)

## MOTHER.

(14) NAME BEFORE MARRIAGE Hessie Baker  
 (15) PRESENT POSTOFFICE OF MOTHER Pickens S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 29 (Years)  
 (18) BIRTHPLACE Pickens S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth Four (4)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Roscoe + Hupson  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pickens S.C.

Given name added from a supplemental report

(26) Witness E. J. Algood  
 Signature of Witness necessary only when question 23 is signed by name

(27) Filed 19 (28) Local Registrar H. D. J. J. J.

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.

NOTE: 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.