

Form No. 1

(1) PLACE OF BIRTH

County of Barnwell
 or
 Township of Blackville
 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
28956

Registration District No. 504 Registered No. 90
 (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 Una Louise { 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 4, 1922
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lamie Louise
 (9) PRESENT POSTOFFICE OF FATHER Blackville
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farm work

MOTHER.

(14) NAME BEFORE MARRIAGE Lila Brown
 (15) PRESENT POSTOFFICE OF MOTHER Blackville
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION W.B.

(20) Number of children born to mother, including present birth 2 (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 Alive at 5 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lorah A. ...
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife ...

Given name added from a supplemental report

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

(27) Filed Oct 11, 1922 (28) D. D. Hammond 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.

BUREAU OF COLUMBIA, COLUMBIA, S. C.