

Form No. 1

(1) PLACE OF BIRTH

County of CharlestonTownship of Lowndes

In, Town of.....

or

City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 40-C

File No.—For State Registrar Only

32179Registered No. 153
(For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Paul Mack Messer If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 19 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME H. E. Messer(9) PRESENT POSTOFFICE OF FATHER Immatus(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47
(Years)(12) BIRTHPLACE NC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Carie Fleming(15) PRESENT POSTOFFICE OF MOTHER Immatus(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37
(Years)(18) BIRTHPLACE Tenn(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jack Gibson M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Immatus

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 19 1922 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.