

Form No. 1

(1) PLACE OF BIRTH

County of DorchesterTownship of BeaufortOR
Inc. Town ofOR
City of(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

35188

Registration District No. 286 Registered No. 140
(For use of Local Registrar)

(2) Full Name of Child

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? No (7) DATE OF BIRTH Oct 18 22
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Don't know(9) PRESENT POSTOFFICE OF FATHER —(10) COLOR OR RACE — (11) AGE AT LAST BIRTHDAY — (Years)(12) BIRTHPLACE —(13) OCCUPATION —(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Edna Rutledge(15) PRESENT POSTOFFICE OF MOTHER Heath Springs S.C.(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 16 (Years)(18) BIRTHPLACE Dorchester Co(19) OCCUPATION farm work(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at Heath Springs S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Adeline Rutledge

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Heath Springs S.C.

Given name added from a supplemental report

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

(27) Filed Oct 20 22 (28) E. J. Bennett 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.

MAILED NOVEMBER 1922

THIS PLACED, WITH THE BIRTH RECORD, IS A PRELIMINARY REPORT. IN CASE OF TWINS OR TRIPLETS, A SEPARATE BLANK FOR EACH CHILD MUST BE FILLED. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

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