

Form No. 1

(1) PLACE OF BIRTH

County of Blanton
 Township of Knobloch
 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

41765

Registration District No. 1304Registered No. 60
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child Essie B. Royce child is not yet named, make supplemental report as directed

(3) Boy or Girl? (4) One (5) Two Number in order of birth (6) Yes Are Parents Married? (7) Oct 28 22 DATE OF BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME L. A. Traadum
 (9) PRESENT POSTOFFICE OF FATHER Summerton
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE Blanton Co
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Essie B. Royce
 (15) PRESENT POSTOFFICE OF MOTHER Summerton
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Blanton Co
 (19) OCCUPATION House Keeper
 (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 2:50 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thor Davis

(24) State whether Physician or 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 Dec 4 1922

(28)

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 sixth month of pregnancy.