

Form No. 1

(1) PLACE OF BIRTH

County of Berkeley
 Township of Eutaw
 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

6661

Registration District No. 708 Registered No. 35
 (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 Lucille Emiley If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH March 20, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Emiley
 (9) PRESENT POSTOFFICE OF FATHER Princeton, S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 38
 (Years) (12) BIRTHPLACE Berkeley Co.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Vance
 (15) PRESENT POSTOFFICE OF MOTHER Princeton, S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 30
 (Years) (18) BIRTHPLACE Berkeley Co.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna Hilliard (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Cross, S.C.

Given name added from a supplemental report

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

(27) Filed March 28, 1922 (28) D.W. Cross
 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.