

Form No. 1

(1) PLACE OF BIRTH

County of Cachuma

Township of

or
Inc. Town of St. Matthewsor
City of

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

(2) Full Name of Child Harry Stack

File No.—For State Registrar Only

33340

Registration District No. 8 A Registered No. 34

(For use of Local Registrar)

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy(4) Twin or Triplet? —(5) Number in order of birth —(6) Are Parents Married? yes(7) DATE OF BIRTH Sept 11 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Thomas Stack

(9) PRESENT POSTOFFICE OF FATHER

St. Matthews

(10) COLOR OR RACE

Negro(11) AGE AT LAST BIRTHDAY 36
(Years)

(12) BIRTHPLACE

South Carolina

(13) OCCUPATION

House Servant

(20) Number of children born to mother, including present birth

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Josephine Spigner

(15) PRESENT POSTOFFICE OF MOTHER

St. Matthews

(16) COLOR OR RACE

Negro(17) AGE AT LAST BIRTHDAY 20
(Years)

(18) BIRTHPLACE

South Carolina

(19) OCCUPATION

Housewife

(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 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. Williams(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife St. Matthews

Given name added from a supplemental report

(26) Witness A. R. Ape

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

(27) Filed Oct 9 1922(28) A. R. Ape

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill, Columbia, S. C.