

Form No. 1

## (1) PLACE OF BIRTH

County of AlbermarleTownship of Weyanoke

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4608

File No. - For State Registrar Only

31482 XRegistered No. 57

(For use of Local Registrar)

(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 Mary Augusta All

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

(3) SEX CHILD	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>May 22, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME James All(9) PRESENT POSTOFFICE OF FATHER Weyanoke(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Year)(12) BIRTHPLACE Barnwell Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Anna Shaw(15) PRESENT POSTOFFICE OF MOTHER Weyanoke(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Year)(18) BIRTHPLACE Barnwell Co(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Sign A. M. or P. M.)(22) (Signature) Rivera(23) State whether Physician or Midwife midwife (24) Address of Physician or Midwife Weyanoke

Given name added from a supplemental report

(25) Witness

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

(26) May 22, 1923 (27) J. C. May (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 fifth month of pregnancy.