

Form No. 1

(1) PLACE OF BIRTH

County of W. Y. Hager
 Township of B. Duffell
 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

15412

Registration District No. 2.70 Registered No. 62
 (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 Beatrice Selges If child is not yet named, make supplemental report as directed

3 SEX OR Female (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 1, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Carroll Selges
 9 PRESENT POSTOFFICE OF FATHER W. Y. Hager No. 46
 10 COLOR OR RACE Cauc (11) AGE AT LAST BIRTHDAY 32 (Years)
 12 BIRTHPLACE W. Y. Hager
 13 OCCUPATION Farmer

MOTHER.

14 NAME BEFORE MARRIAGE W. C. Crickell
 15 PRESENT POSTOFFICE OF MOTHER W. Y. Hager No. 46
 16 COLOR OR RACE Cauc (17) AGE AT LAST BIRTHDAY 24 (Years)
 18 BIRTHPLACE W. Y. Hager
 19 OCCUPATION Housewife
 20 Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) James H. Crickell
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife W. Y. Hager No. 46

Given name added from a supplemental report

(26) Witness W. Y. Hager (Signature of Witness necessary only when question 23 is signed by mark)

19 Registrar

(27) Filed 1922 (28) Local Registrar W. Y. Hager

*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.

MAJOR RECEIVED FOR BINDING. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

MECHANICAL, COLUMBIA, N. C.