

Form No. 1

(1) PLACE OF BIRTH

County of *Orangeburg*
Township of *Providence*
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
36003

Registration District No. *3414* Registered No. *126*
(For use of Local Registrar)

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

(2) Full Name of Child *Ocie Lannie Welfair* (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL *girl* (4) Twin or Triplet? *no* (5) Number in order of birth *1* (6) Are Parents Married *yes* (7) DATE OF BIRTH *Oct 1 1922*
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *Fred Welfair*
(9) PRESENT POSTOFFICE OF FATHER *Parsons S.C.*
(10) COLOR OR RACE *colored* (11) AGE AT LAST BIRTHDAY *43* (Year)
(12) BIRTHPLACE *Orangeburg Co*
(13) OCCUPATION *Farmer*
(20) Number of children born to mother, including present birth *7*

MOTHER

(14) NAME BEFORE MARRIAGE *Ocie McCune*
(15) PRESENT POSTOFFICE OF MOTHER *Parsons S.C.*
(16) COLOR OR RACE *colored* (17) AGE AT LAST BIRTHDAY *38* (Year)
(18) BIRTHPLACE *Orangeburg Co*
(19) OCCUPATION *Housewife*
(21) Number of children of this mother now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *Cellie Hill* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Ellmore S.C.*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) *Oct 10 1922* (28) *D. J. Danforth* 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.

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.