

Form No. 1

## (1) PLACE OF BIRTH

County of Lee  
 Township of States Bridge  
 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

43424

Registration District No. 3008 Registered No. 82  
 (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 Emily Skinner

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

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

## FATHER.

(8) FULL NAME Fred Skinner(9) PRESENT POSTOFFICE OF FATHER R6 Bishopville SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28  
 (Years)(12) BIRTHPLACE Lee Co SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Erlynn Smith(15) PRESENT POSTOFFICE OF MOTHER R6 Bishopville SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19  
 (Years)(18) BIRTHPLACE Lee Co SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was female at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C H Pate(24) State whether Physician or Midwife Mid(25) Address of Physician or Midwife Bishopville SC R6

Given name added from a supplemental report

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

(27) Filed Dec 10 22 (28) R M Smith  
 Registrar 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.