

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Orange
 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

31703

Registration District No. 3613 Registered No. 124
 (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 Herman, Arthur (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 300 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 19 22
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Ernest, William</u>	(14) NAME BEFORE MARRIAGE <u>Anna Bell Butler</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Orangeburg S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Orangeburg S.C.</u>
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Col.</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>Orangeburg S.C.</u>	(18) BIRTHPLACE <u>Orangeburg S.C.</u>	(19) OCCUPATION <u>Work on Farm</u>	(19) OCCUPATION <u>Work on Farm</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was, Alive at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura Kenney
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Orangeburg S.C.

Given name added from a supplemental report

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

(27) Filed Sept 23 1922 (28) P. L. Fairley 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.

REMARKS: No. 1. THE OTHER, No. 2, etc. In question 5.

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