

Form No. 1

(1) PLACE OF BIRTH

County of LeeTownship of Lynchburg

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

1911

Registration District No. 3002Registered No. 12

(For use of Local Registrar)

(2) Full Name of Child

Clinton Law

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

(3) BOY OR GIRL? boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twin or Triplet's

(6) Are Parents Married? yes(7) DATE OF BIRTH Jan 21 1911 6

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Eddie Law

(9) PRESENT POSTOFFICE OF FATHER

Elliot S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

36 (Years)

(12) BIRTHPLACE

Sumter Co. S.C.

(13) OCCUPATION

Harmon

(14) Number of children born to mother, including present birth

2

MOTHER.

(15) NAME BEFORE MARRIAGE

Mary Gamble

(16) PRESENT POSTOFFICE OF MOTHER

Elliot S.C.

(17) COLOR OR RACE

Negro

(18) AGE AT LAST BIRTHDAY

30 (Years)

(19) BIRTHPLACE

Sumter Co. S.C.

(20) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at b. P. on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Nancy L. Rant

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeElliot S.C.

Given name added from a supplemental report

1911

Registrar

(26) Witness

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

E. Carter(27) Filed 2/1 1911 6

(28)

J. T. McIntosh Sr. 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.

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.
M.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.