

Form No. 1

(1) PLACE OF BIRTH  
 County of Williamsburg STATE OF SOUTH CAROLINA.  
 Township of Lane Bureau of Vital Statistics  
 or State Board of Health  
 Inc. Town of ..... Registration District No. 4305 Registered No. 121  
 or (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.)

File No. For State Registrar Only  
44964(2) Full Name of Child James Binow ... { 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 7 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 25th -  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Isaac Binow  
 (9) PRESENT POSTOFFICE OF FATHER Lane, S. C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27 (Years)  
 (12) BIRTHPLACE Williamsburg Co. S. C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Casey  
 (15) PRESENT POSTOFFICE OF MOTHER Lane S. C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23 (Years)  
 (18) BIRTHPLACE Williamsburg Co. S. C.  
 (19) OCCUPATION Farm laborer  
 (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 at 6 ..... A. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dinah X. Casey  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Lane, 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 Dec 28th 191... (28) F. L. Baggett  
 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.

Albert B. Mosley  
Local Reg.

MARGIN RESERVED FOR INDEXING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 No. 2.—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.