

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Providenceor
Inc. Town ofor
City of

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

(2) Full Name of Child Le Roy China If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>april 10, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME William China(9) PRESENT POSTOFFICE OF FATHER Dalzell S.C. A.(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 21
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Roseanna Bolden(15) PRESENT POSTOFFICE OF MOTHER Dalzell S.C.(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 18
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) 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 alive at 8-2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) William China (24) State whether Physician or Midwife(25) Address of Physician or Midwife Dalzell S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) Mrs Eva Burkett(27) Filed april 20, 1923 (28) J. B. Raffield 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.