

Form No 1.

(1) PLACE OF BIRTH
CERTIFICATE OF BIRTH

County of Darlington STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
46002

Township of Lydia
 or
 Inc. Town of Registration District No. 1586 Registered No. 3
 or
 City of (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 Margaret Sovell { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE June, 22, 1914
 BIRTH June, 22, 1914
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Martin Sovell

(9) PRESENT POSTOFFICE OF FATHER Lydia S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25
 (Years)

(12) BIRTHPLACE Darlington Co.

(13) OCCUPATION Farmer

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

MOTHER.
 (14) NAME BEFORE MARRIAGE Lola Dewart

(15) PRESENT POSTOFFICE OF MOTHER Lydia S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22
 (Years)

(18) BIRTHPLACE Darlington Co.

(19) OCCUPATION House Keeping

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M.,
 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Carlton Lucas
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness R. M. Jones
 (Signature of witness necessary only when question 26 is signed by mark)

(27) Filed June 1914 (28) R. M. Jones
 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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING 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 N. No. 1. THE OTHER, No. 2, etc., in question 8.
 Chas. of Columbia