

Form No. 1

(1) PLACE OF BIRTH

County of MarionTownship of Brittonvilleor
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

43617

Registration District No. 3.7.0.0 Registered No. 4.9

(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 Wilbur Lause 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 Triplets	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Dec 7 1922</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Charley Lause9) PRESENT POSTOFFICE OF FATHER Gresham, S.C.10) COLOR OR RACE col 11) AGE AT LAST BIRTHDAY 37
(Years)12) BIRTHPLACE S.C.13) OCCUPATION farmer20) Number of children born to mother, including present birth three

MOTHER.

14) NAME BEFORE MARRIAGE Arrie Lause15) PRESENT POSTOFFICE OF MOTHER Gresham, S.C.16) COLOR OR RACE col 17) AGE AT LAST BIRTHDAY 25
(Years)18) BIRTHPLACE S.C.19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7.2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lue Lause

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Gresham, S.C.

Given name added from a supplemental report

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

Filed Dec 15 1922 (28) W. J. Dozier 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark as FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MOBAY OF COLUMBIA, COLUMBIA, S. C.