

## (1) PLACE OF BIRTH

County of Lee  
 Township of Cypress  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

4837

Registration District No. 3001 Registered No. ....  
 (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.)

(2) Full Name of Child Nashel Samuel (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 12 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 13, 22  
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Rever Samuel</u>	(14) NAME BEFORE MARRIAGE <u>Louely Mack</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Bishopville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Bishopville</u>
(10) COLOR OR RACE <u>Col</u>	(16) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>50</u>	(17) AGE AT LAST BIRTHDAY <u>40</u>
(12) BIRTHPLACE <u>Burlington</u>	(18) BIRTHPLACE <u>Burlington</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>12</u>	(21) Number of children of this mother now living, including present birth <u>12</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M., on the date above stated. (If alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lea & Canner  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report .....  
 (26) Witness D. P. Grant (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 728 1922 (28) M. P. B. B. B. 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.