

MADE IN U.S.A. REASON: PRESERVED FOR BINDING. UNFADING INK—THIS IS A PERMANENT RECORD. WRITE PLAINLY. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THIS OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH
LEXINGTON

County of

Township of **BULL SWAMP**.....

OR
Inc. Town of.....

OR
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 **Silas Corley**.....

File No.—For State Registrar Only

43470

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

Registration District No. **3102** Registered No. **132**
(For use of Local Registrar)

St.; Ward)

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 **1** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **Dec 12 27**
(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME **Silas Corley** (14) NAME BEFORE MARRIAGE **Florrie Lee Harris**

(9) PRESENT POSTOFFICE OF FATHER **Swansea** (15) PRESENT POSTOFFICE OF MOTHER **Swansea**

(10) COLOR OR RACE **B** (11) AGE AT LAST BIRTHDAY **31** (12) AGE AT LAST BIRTHDAY **24**
(Year) (Year)

(12) BIRTHPLACE **Lex Co** (13) OCCUPATION **Farmer** (16) COLOR OR RACE **B** (17) AGE AT LAST BIRTHDAY **24**
(Year)

(18) BIRTHPLACE **Orangeburg Co** (19) OCCUPATION **H.W.**

(20) Number of children born to mother, including present birth **Four** (21) Number of children of this mother now living, including present birth **Four**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) **J. H. Evers** (24) State whether Physician or Midwife **Physician** (25) Address of Physician or Midwife **Swansea**

Given name added from a supplemental report

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

(27) Filed **Dec 19 1927** (28) **J. H. Evers** 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.

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