

Form No. 8  
(1) PLACE OF BIRTH  
County of Lancaster  
Township of Boyle  
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 \_\_\_\_\_  
(If child is not yet named, make supplemental report as directed)

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(1) PLACE OF BIRTH

County of

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or

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

(2) Full Name of Child

(1) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Dec 1 1923</u> (Name of Month) (Day) (Year)
(8) FULL NAME OF FATHER <u>Illegitimate</u>			(14) NAME BEFORE MARRIAGE <u>Lyle Barkdale</u>	
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER <u>Orange SC</u>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <u>Black</u>		
(12) BIRTHPLACE		(17) AGE AT LAST BIRTHDAY (Years) <u>36</u>		
(13) OCCUPATION		(18) BIRTHPLACE <u>SC</u>		
(19) Number of children born to mother, including present birth <u>6</u>			(20) OCCUPATION <u>Domestic</u>	
			(21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Inde Jackson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed "Midwife")

(27) Filed

12-1-23

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.