

Form No. 1

(1) PLACE OF BIRTH

County of Williamsburg
Township of Lauri

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

54054

Inc. Town of Registration District No. 4305 Registered No. 19
(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 Lila Cauley } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH March 14th 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Cauley
(9) PRESENT POSTOFFICE OF FATHER Heinemann, S. C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Williamsburg co. S. C.
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Elsie Parson
(15) PRESENT POSTOFFICE OF MOTHER Heinemann
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Williamsburg co. S. C.
(19) OCCUPATION farm labourer
(20) Number of children born to mother, including present birth 1
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M. (Born alive or stillborn) (Hour, A. M. or P. M.)
on the date above stated.(23) (Signature) Adriana Miller(24) State whether Physician or Midwife (25) Address of Physician or Midwife
midwife Heinemann

Given name added from a supplemental report

191...

Registrar

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

(27) Filed March 20th 1916 (28) Albert R. Mosley 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.

N. 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 5.