

Form No. 1

(1) PLACE OF BIRTH

County of LeeTownship of St Charles

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43423

Registration District No. 200 Registered No. 70

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 14 1922
(Name of Month) (Day) (Year)

FATHER

3) FULL NAME Eugene Copeland3) PRESENT POSTOFFICE OF FATHER St Charles(10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Alice Copeland(15) PRESENT POSTOFFICE OF MOTHER St Charles(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Laborer(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Celia McMill(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St Charles

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 1922 (28) Paul R. Lundy 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.