

Form No. 1

(1) PLACE OF BIRTH

County of *Philadelphia*Township of *Philadelphia*

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20800

Registration District No. *1509*Registered No. *26*

(For use of Local Registrar)

(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 *Annice Bell Louis*

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

3) BOY OR GIRL?

4) Twin or Triplet?

5) Number in order of birth

6) Are Parents Married?

7) DATE OF

BIRTH *Sept 14, 1922*
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Dead

9) PRESENT POSTOFFICE OF FATHER

10) COLOR OR RACE

*col*11) AGE AT LAST BIRTHDAY *27*
(Years)

12) BIRTHPLACE

13) OCCUPATION

20) Number of children born to mother, including present birth

2

MOTHER.

14) NAME BEFORE MARRIAGE

Jamie Ellis

15) PRESENT POSTOFFICE OF MOTHER

Darlington

16) COLOR OR RACE

*col*17) AGE AT LAST BIRTHDAY *22*
(Years)

18) BIRTHPLACE

SC

19) OCCUPATION

Housewife

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 *alive* at *6:00* A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Lemuel Thomas*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Darlington

Given name added from a supplemental report

(26) Witness

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

1922 Registrar

(27) Filed *Oct 2* 1922 (28) *R. J. Chaplin* 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.