

Form No. 1

## (1) PLACE OF BIRTH

County of EdgefieldTownship of Shandor  
Inc. Town of

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

85436

Registration District No. 1810Registered No. 62  
(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child C. F. Lott

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 4(6) Are yes Parents Married?(7) DATE OF BIRTH Oct. 2, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

C. Lawrence Lott

(9) PRESENT POSTOFFICE OF FATHER

Trenton, S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

28  
(Years)

(12) BIRTHPLACE

Edgefield Co.

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Anna Ryan

(15) PRESENT POSTOFFICE OF MOTHER

Trenton, S.C.

(16) COLOR OR RACE

Negro(17) AGE AT LAST BIRTHDAY 24  
(Years)

(18) BIRTHPLACE

Edgefield Co.

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature)

D. L. Lott

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Trenton, S.C.

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 Dec. 1, 1916(28) J. R. Moss  
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.