

Form No. 1

(1) PLACE OF BIRTH

County of Wm. LaidTownship of 14or
Loc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3770

Registration District No. 1713Registered No. 31
(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 Betha L. LaidIf child is not yet named, make
supplemental report as directed

1. BOY OR GIRL <u>girl</u>	2. Twin or Triplet?	3. Number in order of birth	4. Are Parents Married? <u>yes</u>	5. DATE OF BIRTH <u>Feb 14 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
6. FULL NAME <u>Wm. Laid</u>	10. NAME BEFORE MARRIAGE <u>Wm. Laid</u>			
7. PRESENT POSTOFFICE OF FATHER <u>Wm. Laid</u>	11. PRESENT POSTOFFICE OF MOTHER <u>Wm. Laid</u>			
8. COLOR OR RACE <u>white</u>	9. AGE AT LAST BIRTHDAY <u>40</u> (Years)	12. COLOR OR RACE <u>white</u>		
10. BIRTHPLACE <u>Wm. Laid</u>	11. AGE AT LAST BIRTHDAY <u>37</u> (Years)			
12. OCCUPATION <u>Farmer</u>	13. BIRTHPLACE <u>Wm. Laid</u>			
14. OCCUPATION <u>Farmer</u>		15. OCCUPATION <u>Farmer</u>		
16. Number of children born to mother, including present birth <u>5</u>		17. Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. Laid(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Wm. Laid

(Given name added from a supplemental report)

(26) Witness Wm. Margaret Haynes
(Signature of Witness necessary only when question 23 is signed by mark)(27) Date Feb 14 1923 (28) P. M. 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.