

Form No. 1

## (1) PLACE OF BIRTH

County of BerkeleyTownship of St. Johnor  
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

88565

Registration District No. 702 Registered No. 89

(For use of Local Registrar)

(2) Full Name of Child Liddia West

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 9, 1916</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Chas L West(9) PRESENT POSTOFFICE OF FATHER Bonham SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Berkeley co SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie R. Maggick(15) PRESENT POSTOFFICE OF MOTHER Bonham SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Berkeley co SC(19) OCCUPATION housewife(21) 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 born alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Parry H. Feisty(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bonham SC

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness C. L. West  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 12/9/16 (28) Richard A. Lincoln 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 &amp; M Bank

MADEON RECEIVED FOR BIRTHING

FORM NO. 1, No. 1, THE OTHER, No. 2, etc., in question 5.