

Form No. 1

(1) PLACE OF BIRTH

County of Berkeley
 Township of St. John
 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

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? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents yes Married? (7) DATE OF BIRTH Dec 9 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Chas L West
 (9) PRESENT POSTOFFICE OF FATHER Bonman 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 Bonman 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 at1.....P.....M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. J. West
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bonman SC

Given name added from a supplemental report

(26) Witness A. J. West
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 12/9 1916 (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.

W. G. McComb

MADEON RESERVED FOR BINDING

FORM NO. 1, 1916, REVISED 1917, STATE OF SOUTH CAROLINA, BUREAU OF VITAL STATISTICS, STATE BOARD OF HEALTH