

Form No. 1

(1) PLACE OF BIRTH

County of Cherokee
 Township of Landsford
 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

41576

Registration District No. 1105 Registered No. 40
 (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

Turney Lizzie Humphill

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

3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 7 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 28 19 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Arthur Humphill
 9) PRESENT POSTOFFICE OF FATHER Leatawba SC
 10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 29 (Years)
 12) BIRTHPLACE Landsford SC
 13) OCCUPATION Farmer
 20) Number of children born to mother, including present birth 7

MOTHER.

14) NAME BEFORE MARRIAGE Bessie Humphill
 15) PRESENT POSTOFFICE OF MOTHER Leatawba SC
 16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Years)
 18) BIRTHPLACE Landsford SC
 19) OCCUPATION help on Farm
 21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Granville Funderburk(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Leatawba SC

Given name added from a supplemental report

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

19
 Registrar

(27) Filed Dec 28 19 22 (28) R. H. Funderburk 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.

MADE BY COLUMBIA, COLUMBIA, S. C.
 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.