

Form No 1.

(1) PLACE OF BIRTH

County of Harry
 Township of Shippenswille
 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

43309

Registration District No. 2509 Registered No. 158
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lorance Meduffie If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 11 1905
 (Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Gakim Maberry Hadd (9) NAME BEFORE MARRIAGE Addie Eichorn

(10) PRESENT POSTOFFICE OF FATHER Allsbrooks, SC (11) PRESENT POSTOFFICE OF MOTHER Allsbrooks

(12) COLOR OR RACE white (13) AGE AT LAST BIRTHDAY 25 (14) COLOR OR RACE white (15) AGE AT LAST BIRTHDAY 21
 (Years) (Years)

(16) BIRTHPLACE Harry county (17) BIRTHPLACE Harry county in c

(18) OCCUPATION Farming (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth Two (2) (21) Number of children of this mother now living, including present birth (2) Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizziebeth Prince

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Allsbrooks, SC

Given name added from a supplemental report

(26) Witness C. H. Hargraves
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Dec 13 1905 (28) J. Bryant
 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.

MAKING SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 WHERE PLAINLY. WITH UNFADING INK—THIS IS A FORM NO. 1, 1905.
 N. E.—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.
 McCay, of Columbia.