

Form No. 1

(1) PLACE OF BIRTH

County of Bachman

Township of

or St. Matthews

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

Registration District No. 5. A.

File No. - For State Registrar Only

3062

Registered No. 8
(For use of Local Registrar)(2) Full Name of Child Genie A. Light

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

(a) SEX OR GENDER <u>by</u>	(c) Type or Type of <u>by</u> To be given only in case of Twin or Triplets	(d) Number in order of birth	(e) Age <u>by</u> Months	(f) DATE OF BIRTH <u>Feb. 19, 1925</u> (Name of Month) (Day) (Year)
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FATHER

(a) FULL NAME Charles Light(b) PRESENT POSTOFFICE OF FATHER St. Matthews(c) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 36 (Year)(18) BIRTHPLACE St. Matthews(19) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Genie Light(15) PRESENT POSTOFFICE OF MOTHER St. Matthews(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Year)(18) BIRTHPLACE St. Matthews(19) OCCUPATION Farmer(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 alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. A. R. R.(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife St. Matthews

Given name added from a supplemental report

(26) Witness W. A. R. R.
(Signature of Witness necessary only when question 25 is signed by mark)(27) Filed Feb. 17, 1925 (28) W. A. R. R.

When this certificate is received by the father, householder, etc., it must not be reported as stillborn. No report is required before the birth month of pregnancy.

MAKING UNNECESSARY FOR BIRTHS.

WRITES PLAINLY, WITH UNFOLDING INSTRUCTIONS TO A PERSONALITY REPORT.

IN CASE OF TWIN OR TRIPLETS, AND IN CASE OF STILLBORN CHILD, AND IN CASE OF

PLACENT-MEMO. No. 1. THE OTHER, No. 2. etc. In question 2.

When this certificate is received by the father, householder, etc., it must not be reported as stillborn. No report is required before the birth month of pregnancy.