

(1) PLACE OF BIRTH

County of Liberty
 Township of Bishopville
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 1. - For State Registrar Only

44040

Registration District No. 8000Registered No. 72
(For use of Local Registrar)

City of (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 David Farmer If child is not yet named, make supplemental report as directed

(a) SEX OR CHILD Boy (b) Type or Twin To be reported only in event of Twin or Triplet (c) Number in order of birth 5 (d) Was mother present yes (e) DATE OF BIRTH Dec 30, 1923
 (Name of Month) (Day) (Year)

FATHER.

(a) FULL NAME Garre Farmer
 (b) PRESENT RESIDENCE OF FATHER Bishopville
 (c) COLOR OR RACE Negro (d) AGE AT LAST BIRTHDAY 3-0
 (e) BIRTHPLACE Lee County
 (f) OCCUPATION man laborer

MOTHER.

(a) NAME BEFORE MARRIAGE Lena Farmer
 (b) PRESENT RESIDENCE OF MOTHER Bishopville
 (c) COLOR OR RACE Negro (d) AGE AT LAST BIRTHDAY 30
 (e) BIRTHPLACE Lee County
 (f) OCCUPATION Housewife
 (g) 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 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) W. H. P. Rice
 (24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(25) Witness Mrs. J. S. Rice
 (Signature of Witness necessary only when question is signed by mark)

(26) Filed U. S. S. 1-1-24 (27) Mrs. H. J. Lowry

When there was no attending physician or midwife, then the father, householder, etc., should make the report 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.