

FORM NO. 1

(1) PLACE OF BIRTH

County of Williamsburg

Township of Bellevue

or Inc. Town of

or 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. 7210 Registered No. 43
(For use of Local Registrar)

File No. — For State Registrar Only
43099

(2) Full Name of Child H. R. L... } If child is not yet named, make supplemental report as directed

(3) BOY or GIRL? <u>BOY</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 5, 1911</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>William H. L...</u>			(14) NAME BEFORE MARRIAGE <u>William H. L...</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Williamsburg</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Williamsburg</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>10</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>4</u> (Years)	
(12) BIRTHPLACE <u>Williamsburg</u>			(18) BIRTHPLACE <u>Williamsburg</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Arthur H. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Williamsburg

Given name added from a supplemental report
..... 191....
.....
Registrar

(26) Witness Arthur H. ...
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 1911 (28) E. C. ...
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.

WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 5.
McGraw-Hill Co., New York