

Form No. 1

(1) PLACE OF BIRTH

County of *Fairfield*

Township of

or
Inc. Town of *Chumbo*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

File No.—For State Registrar Only

42294

Registration District No. *14* Registered No. *84*
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child *Omaria Lake* 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 *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Dec 23 1922*
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <i>John Lake</i>	(14) NAME BEFORE MARRIAGE <i>Lizzie Belle Dobin</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Chumbo S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Chumbo S.C.</i>		
(10) COLOR OR RACE <i>colored</i>	(16) COLOR OR RACE <i>colored</i>	(11) AGE AT LAST BIRTHDAY <i>25</i>	(17) AGE AT LAST BIRTHDAY <i>23</i>
(12) BIRTHPLACE <i>Fairfield County</i>	(18) BIRTHPLACE <i>Fairfield County</i>		
(13) OCCUPATION <i>Printer</i>	(19) OCCUPATION <i>House wife</i>		
(20) Number of children born to mother, including present birth <i>5</i>	(21) Number of children of this mother now living, including present birth <i>3</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *8:30* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Leathie Cook*(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Chumbo S.C.*

Given name added from a supplemental report

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

(27) Filed *Dec 27 1922* (28) *P. M. Haynes* 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.

BUREAU OF COLUMBIA, COLUMBIA, S. C.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.