

Form No. 1

(1) PLACE OF BIRTH

County of LEAHISTON
 Township of WILL SWAMP
 OF
 Inc. Town of
 OF
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4495

Registration District No. 31.0.2 Registered No. 16
 (For use of Local Registrar)

(2) Full Name of Child

If birth occurs in a hospital or other institution, give name of same instead of street and number:
 If child is not yet named, make supplemental report as directed

A. 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: Name of Month Dec (Day) 15 (Year) 1913

FATHER.		MOTHER.	
(8) FULL NAME <u>Wm. J. ...</u>	(14) NAME BEFORE MARRIAGE <u>Glenn</u>	(10) PRESENT POSTOFFICE OF FATHER <u>...</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>...</u>
(12) COLOR OR RACE <u>Black</u>	(18) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>...</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)
(13) BIRTHPLACE <u>...</u>	(15) BIRTHPLACE <u>...</u>	(19) OCCUPATION <u>...</u>	(21) OCCUPATION <u>...</u>
(20) Number of children born to mother, including present birth <u>2</u>	(22) Number of children of this mother now living, including present birth <u>2</u>		

DECLARATION OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature) Lucy ... (25) State whether Physician or Midwife Midwife (26) Address of Physician or Midwife ...

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