

Form No. 1

## (1) PLACE OF BIRTH

County of Lee  
 Township of Mt. Cleo.  
 or  
 Inc. Town of.....  
 or  
 City of.....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**31078**

Registration District No S. 6. 0. 4. Registered No. 6. 3.  
 (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 Poline Lovely If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Sept 18 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Freeman Lovely  
 (9) PRESENT POSTOFFICE OF FATHER Bishopville S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24  
 (12) BIRTHPLACE Lee Co.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 1 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Wilson  
 (15) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23  
 (18) BIRTHPLACE Lee Co.  
 (19) OCCUPATION House Keeping  
 (21) Number of children of this mother now living, including present birth 1 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hellie Jackson (24) State whether Physician or Midwife (25) Address of Physic or Midwife

Given name added from a supplemental report

(26) Witness Mrs. Newton Chmose (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept 25 1922 (28) Newton Chmose 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WHEN FILLING IN THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, SECOND, ETC., THE OTHER, No. 2, etc., in question 5.

STATE OF SOUTH CAROLINA, COLUMBIA, S. C.