

(1) PLACE OF BIRTH

County of Colleton  
 Township of Warren  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 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  
**45935**

Registration District No. 1410 Registered No. 10  
 (For use of Local Registrar)

(2) Full Name of Child Lillie Stokes { 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 13 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 2 1918  
(Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Lennie Stokes  
 (9) PRESENT POSTOFFICE OF FATHER Smoad & C  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)  
 (12) BIRTHPLACE Smoad & C  
 (13) OCCUPATION hammer  
 (20) Number of children born to mother, including present birth 3

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Lennie Minus  
 (15) PRESENT POSTOFFICE OF MOTHER Smoad & C  
 (16) COLOR OR RACE Blaw (17) AGE AT LAST BIRTHDAY 22 (Years)  
 (18) BIRTHPLACE Smoad & C  
 (19) OCCUPATION housekeeper  
 (21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at at 2 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Dous  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Smoad & C

Given name added from a supplemental report  
 \_\_\_\_\_, 191....  
 \_\_\_\_\_  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Jan 6 1918 (28) Lennie C. Taylor 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 ENLARGED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. No. 2.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the SCAR of Columbia