

FORM NO. 1.

(1) PLACE OF BIRTH

County of Rowley

Township of Summerville

Inc. Town of Summerville

City of Summerville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No. For State Registrar Only

84465

Registration District No. 701 Registered No. _____

(For use of Local Registrar)

(2) Full Name of Child. Lulu Gustale Varner

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <input checked="" type="checkbox"/> GIRL	(4) Twin or Triplet? <u>with</u> <small>Take account only in case of Twins or Triplets</small>	(5) Number in order of birth _____	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>11</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER. (8) FULL NAME Marys Varner

(9) PRESENT POSTOFFICE OF FATHER Summerville

(10) COLOR OR RACE Celoid (11) AGE AT LAST BIRTHDAY 60
(Years)

(12) BIRTHPLACE Fanner

(13) OCCUPATION Berkley

(20) Number of children born to mother, including present birth 5

MOTHER (14) NAME BEFORE MARRIAGE Rochel Mayzell

(15) PRESENT POSTOFFICE OF MOTHER Summerville

(16) COLOR OR RACE Almond (17) AGE AT LAST BIRTHDAY 70
(Years)

(18) BIRTHPLACE Wesummar SC

(19) OCCUPATION Fanner wife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3:00 M. on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mathew J. Jordan

(24) State whether Physician or Midwife (25) Address of Physician or Midwife most Stanley 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 _____ 191... (28) _____

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.
WHITE PLAINLY, WITH UNFADING 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 OTHER, No. 2, etc., in question 5.
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