

Form No. 1

(1) PLACE OF BIRTH

County of Harvey

Township of Bucks

or
Inc. Town of

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

90326

Registration District No. 25.0.1 Registered No. 1.0.2
(For use of Local Registrar)

(2) Full Name of Child Bulah May Skipper 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. 9, 1914
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lallie Evert Skipper

(9) PRESENT POSTOFFICE OF FATHER Conway

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Daisy Lewis

(15) PRESENT POSTOFFICE OF MOTHER Conway

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) S. F. Harney, S.C.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife Harney

Given name added from a supplemental report

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

(27) Filed Jan 1, 1915 (28) S. F. Harney Local Registrar

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

*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.