

Form No. 1

(1) PLACE OF BIRTH
County of Lorry
Township of Bucks

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

File No. — For State Registrar Only
90346

Inc. Town of Registration District No. 2501 Registered No. 102
(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 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
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Lillie Evert Skipper</u>	(14) NAME BEFORE MARRIAGE <u>Mattie Daisy Lewis</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Conway</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Conway</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

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. Bourne, M.D.

(24) State whether Physician or Midwife mid wife (25) Address of Physician or 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. Bourne 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.

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