

Form No. 1

## (1) PLACE OF BIRTH

County of Lancaster  
 Township of Wayhaw  
 or  
 Inc. Town of.....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only

35199

Registration District No. 2807 Registered No. 83  
 (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 Robert Lister If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet twins (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 15 22  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

(8) FULL NAME Lee Lister FATHER. (14) NAME BEFORE MARRIAGE Mahalia Stewart

(9) PRESENT POSTOFFICE OF FATHER Riverside S.C. (15) PRESENT POSTOFFICE OF MOTHER Riverside S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26  
 (Year) (Year)

(12) BIRTHPLACE Lancaster Co. (18) BIRTHPLACE Lancaster Co.

(13) OCCUPATION Farmer (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 7 (21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Janet Stewart (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Riverside S.C.

Given name added from a supplemental report Off Lister

(26) Witness B. J. Lister (Signature of Witness necessary only when question 23 is signed by (mark))

(27) Filed Oct 1 1922 B. J. Lister 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.

MARCH RESERVED FOR RETURN

WITH UNPAID EX-115 IN A PERMANENT MANNER. 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.

McGraw-Hill, Columbia, S. C.