

Form No. 1

(1) PLACE OF BIRTH

County of Beaufort
 Township of Hithlam
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12993

Registration District No. 604 Registered No. 58

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child Anthony Doctor If child is not yet named, make supplemental report as directed

3. BOY OR GIRL <u>boy</u>	4. Twin or Triplet To be answered only in event of Twin or Triplet	5. Number in order of birth	6. Are Parents Married <u>yes</u>	7. DATE OF BIRTH <u>May 1, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>Lincoln Doctor</u>			14. NAME BEFORE MARRIAGE <u>Estelle Moultrie</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Fragmore SC</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Fragmore SC</u>	
10. COLOR OR RACE <u>negro</u>			16. COLOR OR RACE <u>negro</u>	
11. AGE AT LAST BIRTHDAY <u>40</u> (Years)			17. AGE AT LAST BIRTHDAY <u>34</u> (Years)	
12. BIRTHPLACE <u>South Carolina</u>			18. BIRTHPLACE <u>South Carolina</u>	
13. OCCUPATION <u>Farmer</u>			19. OCCUPATION <u>Farmer</u>	
20. Number of children born to mother, including present birth <u>1 2</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 Born alive at 5:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sally Williams
 (24) State whether Physician or Midwife (25) Address Fragmore SC

Given name added from a supplemental report

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

(27) Filed May 5, 1923 (28) J.B. Shamer
 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.