

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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

4391

Registration District No. 2900

Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child

Low Elba Tribble

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

1. BOY OR GIRL

Girl

2. Twin or Triplet?

3. Number in order of birth

Five

4. Are Parents Married?

No

5. DATE OF BIRTH

Feb 13

1923

(Name of Month) (Day) (Year)

FATHER

6. FULL NAME

Horace Conway

7. PRESENT POSTOFFICE OF FATHER

Cross Hill

8. COLOR OR RACE

Black

9. AGE AT LAST BIRTHDAY

26

10. BIRTHPLACE

S. C.

11. OCCUPATION

Farmer

12. Number of children born to mother, including present birth

Five

MOTHER

13. NAME BEFORE MARRIAGE

Lillymay Tribble

14. PRESENT POSTOFFICE OF MOTHER

Cross Hill

15. COLOR OR RACE

Black

16. AGE AT LAST BIRTHDAY

23

17. BIRTHPLACE

S. C.

18. OCCUPATION

Housewife

19. Number of children of this mother now living, including present birth

Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature)

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

(24) Given name added from a supplemental report

(25) Witness

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

(26) Filed

Feb 14

1923

(27)

J. S. Lison

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. WITH A SEADING 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 3.