

Form No. 1

(1) PLACE OF BIRTH

County of Laurens
Township of Boffington

Inc. Town of

(City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

21678

Registration District No. 2205 Registered No. 24
(For use of Local Registrar)(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 Lued 15 Hours If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH July 12, 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Albert Kirby
(9) PRESENT POSTOFFICE OF FATHER Clinton S.C.R.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 32
(12) BIRTHPLACE Ga.
(13) OCCUPATION farm(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lidie Pruett
(15) PRESENT POSTOFFICE OF MOTHER Clinton, S.C.R.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28
(18) BIRTHPLACE S.C.
(19) OCCUPATION farm laborer
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 a M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Emie A. Pruett
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Clinton S.C.

Given name added from a supplemental report

(26) Witness J. W. Bailey
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed July 13, 23 (28) F. L. L... 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.

MAKING REPRODUCED FOR RECORD. WRITE PLAINLY. WITH LEADING INK.—THIS IS A PERMANENT RECORD. 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.