

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY IN INK
 N. H.—In case of twins or triplets, give name of each child and mark the
 first-born No. 1, the second No. 2, etc. in question 6.
 MEDICAL OFFICER, S. C.

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of

City of Williamston S.C.

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

2980

Registration District No. 2-C

Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child

Lula Colbert

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

3 SEX Female

4 Twin or Triplet? No

5 Number in order of birth

To be answered only in case of Twin or Triplets

6 Are Parents Married? Yes

7 DATE OF BIRTH Feb 5 1922

(Name of Month) (Day) (Year)

FATHER

8 FULL NAME Lula Colbert

9 PRESENT POSTOFFICE OF FATHER Williamston S.C.

10 COLOR OR RACE Negro

11 BIRTHPLACE S.C.

12 OCCUPATION Farmer

13 Number of children born to mother including present birth 10

MOTHER

14 NAME BEFORE MARRIAGE Lula Anderson

15 PRESENT POSTOFFICE OF MOTHER Williamston S.C.

16 COLOR OR RACE Negro

17 BIRTHPLACE S.C.

18 OCCUPATION Housewife

19 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was William at 10 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) L. E. Hunter M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Williamston S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(27) Filed Feb 8 1922 (28) D. F. Russell 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.

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