

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or Town of

or City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lila May Norton

1. Sex or Girl?

Female

2. Twin or Triplet?

To be answered only in case of Twin or Triplet

3. Number in order of birth

4. Age Parents Married 905. DATE OF BIRTH Feb 17 23
(Name of Month) (Day) (Year)

FATHER

6. FULL NAME

Robert Calhoun Norton

7. PRESENT POSTOFFICE OF FATHER

Andrews SC

8. COLOR OR RACE

White9. AGE AT LAST BIRTHDAY 30
(Year)

10. BIRTHPLACE

Berkely Co Ga

11. OCCUPATION

Blacksmith

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

4

MOTHER

13. NAME BEFORE MARRIAGE

Miss Clyde Howard

14. PRESENT POSTOFFICE OF MOTHER

Andrews SC

15. COLOR OR RACE

White16. AGE AT LAST BIRTHDAY 26
(Year)

17. BIRTHPLACE

Georgetown County SC

18. OCCUPATION

Domestic

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

R.C. Norton father

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Andrews SC

Given name added from a supplemental report

(26) Witness

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

(27) Date

Feb 15 23

(28)

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.