

Form No. 1

(1) PLACE OF BIRTH

County of WesterlyTownship of Westerly

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

25489

Registration District No. 1206Registered No. 49
(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 Larrah Lee

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

3. BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH June 19 22
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 37
(Years)

12. BIRTHPLACE

13. OCCUPATION

20. Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Quith Simpson(15) PRESENT POSTOFFICE OF MOTHER Mt. Croghan(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE A.P.(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn)(23) (Signature) Sis. Steen(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Mt Croghan

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28)

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Local Registrar G. B. Pearson

*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.