

Form No. 1

(1) PLACE OF BIRTH
County of Darlington
Township of Lytle
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
42014

Registration District No. 1506 Registered No. 105
(For use of Local Registrar)

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

(2) Full Name of Child Robert Southern If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 15 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Martin Southern

(9) PRESENT POSTOFFICE OF FATHER Lanier S.C. #1

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 28
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth Four

MOTHER.
(14) NAME BEFORE MARRIAGE Minnie Stator

(15) PRESENT POSTOFFICE OF MOTHER Lanier S.C.

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 26
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was born at 11 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. H. Holloman
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness R. M. Jolley
(Signature of witness necessary only when question 23 is signed by mark)

(27) File Dec 15 1922 (28) R. M. Jolley
Registrar 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.

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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.