

(1) PLACE OF BIRTH

County of YambooTownship of Yamboo

or

Inc. Town of

or

City of

(If 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

54027

Registration District No. 4302Registered No. 27

(For use of Local Registrar)

(2) Full Name of Child Alfain S. L. L. L.

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 1(6) Are Parents Married? Yes(7) DATE BIRTH Mar 30 1914

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. S. L. L.(9) PRESENT POSTOFFICE OF FATHER Yamboo S. C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 25

(Years)

(12) BIRTHPLACE Yamboo S. C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Wilson(15) PRESENT POSTOFFICE OF MOTHER Yamboo S. C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 25

(Years)

(18) BIRTHPLACE Yamboo S. C.(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

Given name added from a supplemental report

(26) Witness

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

(27) Filed Mar 30 1914(28) W. S. 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.

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WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

Secretary of Columbia