

Form No. 1

## (1) PLACE OF BIRTH

County of *M. C. Connerick*Township of *Flower Branch*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

7717

Registration District No. *4505* Registered No. *6*

(For use of Local Registrar)

(No. .... St.; .... Ward)

## (2) Full Name of Child

*Lila Maud West* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>March 19, 1923</i> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME *Melton Keith West*(9) PRESENT POSTOFFICE OF FATHER *Flower Branch*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *35* (Years)(12) BIRTHPLACE *Flower Branch, S.C.*(13) OCCUPATION *Blacksmith*(20) Number of children born to mother, including present birth *1*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Bessie Bright*(15) PRESENT POSTOFFICE OF MOTHER *Flower Branch*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *29* (Years)(18) BIRTHPLACE *Lula, N.C.*(19) OCCUPATION *Housewife*(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 *5:45 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *B. D. Adams*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Flower Branch*

Given name added from a supplemental report

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

(27) Filed *March 11, 1923* (28) *B. D. Adams* 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.