

Form No. 1

(1) PLACE OF BIRTH

County of Colleton  
Township of Shunk  
OF  
Inc. Town of  
OF  
City of

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only

3543

Registration District No. 1409

Registered No. 7  
(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 Laney Bell Puckney

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

(3) BOY OR GIRL girl (4) Twin or Triplet? 2 (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 18 1923  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Shaper Puckney  
(9) PRESENT POSTOFFICE OF FATHER Collinsville SC  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 49 (Years)  
(12) BIRTHPLACE SC  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 3

**MOTHER.**

(14) NAME BEFORE MARRIAGE Julia Grant  
(15) PRESENT POSTOFFICE OF MOTHER Collinsville  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 37 (Years)  
(18) BIRTHPLACE SC  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

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

(23) (Signature) Marion Isaac  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Collinsville

(Given name added from a supplemental report)

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

(27) Filed March 2 1923 (28) Marie W. Anderson 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.

FIRST-BORN. No 1 THE OTHER, No 2, etc., in question 5

Bureau of Columbia, Columbia, S. C.