

Form No. 1.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Lee STATE OF SOUTH CAROLINA.

Township of Ball Blk. Holden Bureau of Vital Statistics

or Inc. Town of ..... Registration District No. 3107

City of ..... (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. — For State Registrar Only

90830

(2) Full Name of Child Lilla May Black If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 28 1917  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME U. E. Black  
(9) PRESENT POSTOFFICE OF FATHER Summit, S. C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)  
(12) BIRTHPLACE S. C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 7

MOTHER.  
(14) NAME BEFORE MARRIAGE Beatha Fint  
(15) PRESENT POSTOFFICE OF MOTHER Summit, S. C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)  
(18) BIRTHPLACE S. C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 7

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. Smith  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Ball Blk. Holden

Given name added from a supplemental report

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

(27) Filed Jan 1917 (28) W. E. Smith 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.