

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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

7878

Registration District No. 3305

Registered No. 37
(For use of Local Registrar)

(2) Full Name of Child

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

| | | | | |
|----------------|--------------------------|----------------------------------|-------------------------------|--|
| 3. SEX Male | 4. Twin or Triplet No | 5. Number in order of birth 1 | 6. Are Parents Married Yes | 7. DATE OF BIRTH Feb 7 22 (Name of Month) (Day) (Year) |
|----------------|--------------------------|----------------------------------|-------------------------------|--|

FATHER

8. FULL NAME
Colon Cusley

9. PRESENT POSTOFFICE OF FATHER
Mc Case St

10. COLOR OR RACE
White

11. AGE AT LAST BIRTHDAY
21
(Year)

12. BIRTHPLACE
Marlboro Co SC

13. OCCUPATION
Cotton Mill work

20. Number of children born to mother, including present birth
1

MOTHER

14. NAME AND MARRIAGE
Mable Hays

15. PRESENT POSTOFFICE OF MOTHER
Mc Case St

16. COLOR OR RACE
White

17. AGE AT LAST BIRTHDAY
18
(Year)

18. BIRTHPLACE
Marlboro Co SC

19. OCCUPATION
Domestic

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 alive at 12:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) F. A. Planchard(24) State Physician or Midwife(25) Address of Physician or Midwife
Physician W. S. Case St

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Mar 17 22 (28) W. S. Case St
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.