

Form No. 1

(1) PLACE OF BIRTH

County of LaurensTownship of Deale

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

86341

Registration District No. 299 Registered No. 134

(For use of Local Registrar)

(2) Full Name of Child Lemua Fox { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Oct 3 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. Fox(9) PRESENT POSTOFFICE OF FATHER Farmington(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE Laurens Co SC(13) OCCUPATION Farm(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Leticia Young(15) PRESENT POSTOFFICE OF MOTHER Farmington(16) COLOR OR RACE col(17) AGE AT LAST BIRTHDAY 35
(Years)(18) BIRTHPLACE Laurens Co SC(19) OCCUPATION House & Farm work(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was white, at 4 9 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) White x Muller

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Farmington

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 6 1916 (28) M. E. Mahon 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.

MARGIN RESERVED FOR BINDING.

THIS FORM, WITH UNFOLDING EXTENSION, IS A PREPARED BY THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA.