

Form No. 1

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Stationsburg  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

32514

Registration District No. 409Registered No. 50  
(For use of Local Registrar)

City of ..... (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 Lillian Marie If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? girl 4) Twin or Triplet? To be answered only in event of Twins or Triplets 5) Number in order of birth ..... 6) Are Parents Married? yes 7) DATE OF BIRTH Sept. 16, 1922  
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Lillian Marie9) PRESENT POSTOFFICE OF FATHER Horatio St.10) COLOR OR RACE col 11) AGE AT LAST BIRTHDAY 26  
(Years)12) BIRTHPLACE Sumter Co13) OCCUPATION farmer20) Number of children born to mother, including present birth 3

MOTHER.

14) NAME BEFORE MARRIAGE Lillian Miller15) PRESENT POSTOFFICE OF MOTHER Horatio St.16) COLOR OR RACE col 17) AGE AT LAST BIRTHDAY 24  
(Years)18) BIRTHPLACE Sumter Co19) OCCUPATION farm laborer21) Number of children of this mother now living, including present birth 3

## 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) Lillian Marie(24) State whether Physician or Midwife father (25) Address of Physician or Midwife Horatio St.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept. 27, 1922 (28) Beng Sanders  
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE HEADING FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

N. B.—In

McGraw-Hill, Columbia, Columbia, N. C.