

Form No. 1

(1) PLACE OF BIRTH

County of Lee
 Township of Oypress
 or
 Inc. Town of
 or
 City of

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

No. for State Registrar Only

44048

Registration District No. 8001 Registered No.
 (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 Margaretta Lighty 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 5 (6) Are Parents Married yes (7) DATE OF BIRTH Dec 23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Doris Lighty
 (9) PRESENT POSTOFFICE OF FATHER Lamar
 (10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 26 (Year)
 (12) BIRTHPLACE S C
 (13) OCCUPATION Farm Laborer
 (14) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Calista Enoch
 (15) PRESENT POSTOFFICE OF MOTHER Lamar
 (16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 26 (Year)
 (18) BIRTHPLACE S C
 (19) OCCUPATION Domestic
 (20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Jaeretta Enoch (23) Address of Physician or Midwife
 (24) State whether Physician or Midwife

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (26) Filed 172732 (27) 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.