

Form No. 1

(1) PLACE OF BIRTH  
County of Windsor  
Township of King  
or  
Inc. Town of  
or  
City of

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

File No.—For State Registrar Only  
**50684**

Registration District No. 4302 Registered No. 13  
(For use of Local Registrar)  
City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lesa Belle Fiala { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Feb. 2, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Lesa Belle Fiala</u>			(12) NAME BEFORE MARRIAGE <u>Pizzia/Matchum</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Kingston</u>			(13) PRESENT POSTOFFICE OF MOTHER <u>Kingston</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(14) COLOR OR RACE <u>Negro</u>		
(12) BIRTHPLACE <u>Windsor</u>		(15) AGE AT LAST BIRTHDAY <u>19</u> (Years)		
(13) OCCUPATION <u>Farmer</u>		(16) BIRTHPLACE <u>Windsor</u>		
(14) Number of children born to mother, including present birth <u>2</u>		(17) OCCUPATION <u>Housewife</u>		
(15) Number of children of this mother now living, including present birth <u>1</u>				

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

(22) I hereby certify that I attended the birth of this child, who was born at 8 W. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. F. Shaw  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Kingston

Given name added from a supplemental report

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

(27) Filed Feb 12 1916 (28) W. H. F. Shaw  
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.

REMARKS: THIS IS A PERMANENT RECORD. WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.