

Form No. 1
FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 1.

(1) PLACE OF BIRTH

County of *Fairfield*
Township of *Winnabow*
or
Inc. Town of *Winnabow*
City of *Winnabow*

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

Registration District No. *19-a*

No. 40114

Registered No. *58*
(For use of Local Registrar)

(2) Full Name of Child *Samuel Lee Soovel*

(3) BOY OR GIRL *Boy* (4) Sex or Triplet *no* (5) Number in order of birth *no* (6) DATE OF BIRTH *Dec 12, 23*
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(If child is not yet named, make supplemental report as directed)

FATHER.
(7) FULL NAME
(8) PRESENT POSTOFFICE OF FATHER
(9) COLOR OR RACE
(10) BIRTHPLACE
(11) AGE AT LAST BIRTHDAY (Years)
(12) OCCUPATION
(13) Number of children born to mother, including present birth *1*

MOTHER.
(14) NAME BEFORE MARRIAGE *Lora Peay*
(15) PRESENT POSTOFFICE OF MOTHER *Winnabow SC*
(16) COLOR OR RACE *colored* (17) AGE AT LAST BIRTHDAY *17*
(18) BIRTHPLACE *Winnabow SC*
(19) OCCUPATION *house*
(20) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated.

(22) (Signature) *Vernice F. Gouge* (23) State whether Physician or Midwife *Midwife* (24) Address of Physician or Midwife *Winnabow SC*

(Given name added from a supplemental report)
19
Registrar

(25) Witness *Mrs. Margaret Hays*
(Signature of Witness necessary only when question 23 is signed by mark)
(26) Filed *Dec 14, 1923* (27) *P. H. Hays* 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.