

Form No. 1

## (1) PLACE OF BIRTH

County of Lee  
 Township of Stokes Bridge  
 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

39226

Registration District No. 3008 Registered No. 81  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Unnamed 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 23 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Black  
 (9) PRESENT POSTOFFICE OF FATHER R6 Bishopville SC  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 18 (Year)  
 (12) BIRTHPLACE Darlington Co SC  
 (13) OCCUPATION Farming

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Black  
 (15) PRESENT POSTOFFICE OF MOTHER R6 Bishopville SC  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 17 (Year)  
 (18) BIRTHPLACE Darlington Co SC  
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Loualaba at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lattie Brinson  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife R6 Bishopville SC

Given name added from a supplemental report

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

(27) Filed Dec 22 1922 (28) R M Smith 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.