

Form No. 1

(1) PLACE OF BIRTH

County of LexingtonTownship of Buffaloor
Inc. Town of.....or
City of.....

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19091

Registration District No. 2100Registered No. 81
(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Girl4) Twin or Triplet? No
To be answered only in event of Twins or Triplets5) Number in order of birth 16) Age Parents Married 207) DATE OF BIRTH June 12, 1909
(Years of Month) (Day) (Year)

FATHER.

8) FULL NAME Unknown9) PRESENT POSTOFFICE OF FATHER "10) COLOR OR RACE "12) BIRTHPLACE "13) OCCUPATION "20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Martha Hartman15) PRESENT POSTOFFICE OF MOTHER Lexington S.C. Rt 516) COLOR OR RACE Colored18) BIRTHPLACE "19) OCCUPATION "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 born alive at 3:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lizzie Thompson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Lexington S.C.

Given name added from a supplemental report

(26) Witness J.W.

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

(27) Filed 10/13(28) Local Registrar J.W.

*When there was no attending physician or midwife, then the father, household, 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.