

FORM NO. 1.

(1) PLACE OF BIRTH

County of Georgetown
Township of # 5or
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

89955

Registration District No. 2104 Registered No. 57
(For use of Local Registrar)City of (No. 57 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 Maresa Lanch If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 11, 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Tan Lanch(9) PRESENT POSTOFFICE OF FATHER Rhens S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Portfoot S.C.(13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE Mary Lanch(15) PRESENT POSTOFFICE OF MOTHER Rhens S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Portfoot S.C.(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Ellen X. L. L.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Rhens S.C.

Given name added from a supplemental report

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Registrar

(26) Witness E. W. Williams
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 2, 1915 (28) G. L. Ellis 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.

N. B.—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.

McClary of Columbia