

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Rocky Hill
 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
36010

Registration District No. 3615 Registered No. 18
 (For use of Local Registrar)

City of (No. 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 Lamar Washington If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL m (4) Twin or Triplet ✓ (5) Number in order of birth 1 (6) Are Parents Married No (7) DATE OF BIRTH 10-16-1917
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Thomas Kimer
 (9) PRESENT POSTOFFICE OF FATHER Sally, S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Laurah Washington
 (15) PRESENT POSTOFFICE OF MOTHER Sally, S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 17 (Years)
 (18) BIRTHPLACE South Carolina
 (19) OCCUPATION Form work
 (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 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lamar Kimer
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Sally, S.C.

Given name added from a supplemental report

(26) Witness J. H. Peel
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Date Oct 31 1917 (28) J. H. Peel 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.

Form No. 1
 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.

MADE IN COLUMBIA, COLUMBIA, S. C.