

Form No. 1

## (1) PLACE OF BIRTH

County of W. I. K. A. S.Township of Langleyor  
Inc. Town of .....City of Wear Langley

(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

2692

Registration District No. 24.7.A Registered No. 16

(For use of Local Registrar)

(2) Full Name of Child Theodore West (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 1 (6) Are Parents Married yes (7) DATE OF BIRTH Jan 30, 1923  
(Month of Birth) (Day) (Year)

## FATHER.

(8) FULL NAME James West(9) RESIDENT ADDRESS OF FATHER Langley St(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 20 (Year)(12) BIRTHPLACE Langley St(13) OCCUPATION Seback Bed work(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Hassie Miles(15) RESIDENT ADDRESS OF MOTHER Langley St(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 15 (Year)(18) BIRTHPLACE Georgia(19) OCCUPATION House wife(20) 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 Born alive at 5:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. Vaney & Wilkerson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Augusta Ga

(Given name added from a supplemental report)

(26) Witness .....

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

(27) Filed Feb 8, 1923 (28) E. W. Spradley 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 2.

Bureau of Vital Statistics, Columbia, S. C.