

Form No. 1

(1) PLACE OF BIRTH

County of FlorenceTownship of St.

or

Inc. Town St.

or

City of St.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42312

Registration District No. 20-ARegistered No. 386

(For use of Local Registrar)

(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

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

2

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 15, 22

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Lewis Paul

(9) PRESENT POSTOFFICE OF FATHER

St.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

32

(Years)

(12) BIRTHPLACE

St.

(13) OCCUPATION

Laborer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Bulah Shields

(15) PRESENT POSTOFFICE OF MOTHER

St.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

23

(Years)

(18) BIRTHPLACE

St.

(19) OCCUPATION

Robert Cook

(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 ..... at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Julia Holmes

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 12-28-22(28) P. H. Bricham

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.