

(1) PLACE OF BIRTH

County of WoodsburgTownship of King

or

Inc. Town of _____

or

City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1902Registered No. 17

(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 Lorene Strong

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

(3) BOY OR GIRL Girl (4) Date or Month Feb (5) Number in order of birth 20 (6) Are parents married no (7) DATE OF BIRTH Feb 18 1942

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Donk Brown

(9) PRESENT POSTOFFICE OF FATHER _____

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY _____ (Year)

(12) BIRTHPLACE _____

(13) OCCUPATION _____

(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Hattie Strong(15) PRESENT POSTOFFICE OF MOTHER Kingstree(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17 (Year)(18) BIRTHPLACE Woodsburg(19) OCCUPATION Farmer(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 alive at 6 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Verline Shaw(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kingstree

Given name called from a physician and report

(26) Witness Donk Strong(27) (Signature of Witness necessary only when question 22 is signed by mark) John S. S. S.(28) (Signature of Local Registrar) B. B. Chapman

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.