

Form No. 1

(1) PLACE OF BIRTH

County of Madison
 Township of North
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. - For State Registrar Only
4583

Registration District No. 3301

Registered No. 16
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

(2) Full Name of Child Lily Deves

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 1 6. Are Parents Married? Yes 7. DATE OF BIRTH Feb 10 1927
 To be answered only in event of Twin or Triplet Name of Month Day Year

FATHER.
 8. FULL NAME Harold Deves
 9. PRESENT POSTOFFICE OF FATHER Bonne Harbor
 10. COLOR OR RACE W 11. AGE AT LAST BIRTHDAY 23
 12. BIRTHPLACE W
 13. OCCUPATION Teacher

MOTHER.
 14. NAME BEFORE MARRIAGE Anna Woods
 15. PRESENT POSTOFFICE OF MOTHER Bonne Harbor
 16. COLOR OR RACE W 17. AGE AT LAST BIRTHDAY 25
 18. BIRTHPLACE W
 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 on the date above stated. (Born alive or stillborn) Hour A. M. or P. M. 11

(23) (Signature) Louisa (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bonne Harbor

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) Feb 20 23 (27) Local Registrar. J. A. Pate

*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it is a birth. No report is desired of stillbirths.

WRITE PLAINLY. WITH INK. PRINT NAME OF CHILD IN FULL. PRINT NAME OF FATHER AND MOTHER IN FULL. PRINT ADDRESS OF FATHER AND MOTHER IN FULL. PRINT DATE OF BIRTH IN FULL. PRINT SEX OF CHILD. PRINT RACE OF CHILD. PRINT COLOR OF CHILD. PRINT BIRTHPLACE OF CHILD. PRINT OCCUPATION OF FATHER AND MOTHER. PRINT SIGNATURE OF PHYSICIAN OR MIDWIFE. PRINT SIGNATURE OF WITNESS. PRINT SIGNATURE OF LOCAL REGISTRAR.