

Form No. 1

(1) PLACE OF BIRTH

County of Clarendon  
 Township of Conard  
 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  
**3473**

Registration District No. 92 Registered No. 8  
 (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 Lilly May Ranton (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 1 1923  
 (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Sam Ranton  
 (9) PRESENT POSTOFFICE OF FATHER Summerton S.C.  
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 30  
 (Year)  
 (12) BIRTHPLACE Clarendon Co  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 6

MOTHER  
 (14) NAME BEFORE MARRIAGE Florence Ranton  
 (15) PRESENT POSTOFFICE OF MOTHER Summerton S.C.  
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 28  
 (Year)  
 (18) BIRTHPLACE Clarendon Co  
 (19) OCCUPATION House & field  
 (20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 P.M. on the date above stated. (Born alive post-mortem) (Hour A. M. or P. M.)

(23) (Signature) Cessie Lewis  
 (24) State whether Physician or Midwife Midwife (25) Address of Phys. or Midwife Summerton S.C.

Given name added from a supplemental report  
 .....

(26) Witness J. E. Ralston  
 (Signature of Witness necessary only when question 23 is signed by birth)  
 (27) Signed Mar. 7 1923 (28) J. E. Ralston 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.

1. PRINT NAME OF CHILD IN FULL IN EACH SPACE. 2. PRINT NAME OF FATHER IN FULL IN EACH SPACE. 3. PRINT NAME OF MOTHER IN FULL IN EACH SPACE. 4. PRINT NAME OF PHYSICIAN OR MIDWIFE IN FULL IN EACH SPACE. 5. PRINT ADDRESS OF PHYSICIAN OR MIDWIFE IN FULL IN EACH SPACE. 6. PRINT ADDRESS OF FATHER IN FULL IN EACH SPACE. 7. PRINT ADDRESS OF MOTHER IN FULL IN EACH SPACE. 8. PRINT OCCUPATION OF FATHER IN FULL IN EACH SPACE. 9. PRINT OCCUPATION OF MOTHER IN FULL IN EACH SPACE. 10. PRINT BIRTHPLACE OF FATHER IN FULL IN EACH SPACE. 11. PRINT BIRTHPLACE OF MOTHER IN FULL IN EACH SPACE. 12. PRINT BIRTHPLACE OF CHILD IN FULL IN EACH SPACE. 13. PRINT DATE OF BIRTH IN FULL IN EACH SPACE. 14. PRINT TIME OF BIRTH IN FULL IN EACH SPACE. 15. PRINT SEX OF CHILD IN FULL IN EACH SPACE. 16. PRINT COLOR OR RACE OF CHILD IN FULL IN EACH SPACE. 17. PRINT AGE AT LAST BIRTHDAY OF FATHER IN FULL IN EACH SPACE. 18. PRINT AGE AT LAST BIRTHDAY OF MOTHER IN FULL IN EACH SPACE. 19. PRINT NUMBER OF CHILDREN BORN TO MOTHER IN FULL IN EACH SPACE. 20. PRINT NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING IN FULL IN EACH SPACE. 21. PRINT SIGNATURE OF PHYSICIAN OR MIDWIFE IN FULL IN EACH SPACE. 22. PRINT SIGNATURE OF WITNESS IN FULL IN EACH SPACE. 23. PRINT SIGNATURE OF FATHER OR HOUSEHOLDER IN FULL IN EACH SPACE. 24. PRINT SIGNATURE OF LOCAL REGISTRAR IN FULL IN EACH SPACE. 25. PRINT ADDRESS OF PHYSICIAN OR MIDWIFE IN FULL IN EACH SPACE. 26. PRINT ADDRESS OF FATHER IN FULL IN EACH SPACE. 27. PRINT ADDRESS OF MOTHER IN FULL IN EACH SPACE. 28. PRINT OCCUPATION OF FATHER IN FULL IN EACH SPACE. 29. PRINT OCCUPATION OF MOTHER IN FULL IN EACH SPACE. 30. PRINT BIRTHPLACE OF FATHER IN FULL IN EACH SPACE. 31. PRINT BIRTHPLACE OF MOTHER IN FULL IN EACH SPACE. 32. PRINT BIRTHPLACE OF CHILD IN FULL IN EACH SPACE. 33. PRINT DATE OF BIRTH IN FULL IN EACH SPACE. 34. PRINT TIME OF BIRTH IN FULL IN EACH SPACE. 35. PRINT SEX OF CHILD IN FULL IN EACH SPACE. 36. PRINT COLOR OR RACE OF CHILD IN FULL IN EACH SPACE. 37. PRINT AGE AT LAST BIRTHDAY OF FATHER IN FULL IN EACH SPACE. 38. PRINT AGE AT LAST BIRTHDAY OF MOTHER IN FULL IN EACH SPACE. 39. PRINT NUMBER OF CHILDREN BORN TO MOTHER IN FULL IN EACH SPACE. 40. PRINT NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING IN FULL IN EACH SPACE. 41. PRINT SIGNATURE OF PHYSICIAN OR MIDWIFE IN FULL IN EACH SPACE. 42. PRINT SIGNATURE OF WITNESS IN FULL IN EACH SPACE. 43. PRINT SIGNATURE OF FATHER OR HOUSEHOLDER IN FULL IN EACH SPACE. 44. PRINT SIGNATURE OF LOCAL REGISTRAR IN FULL IN EACH SPACE.