

Form No. 1

## (1) PLACE OF BIRTH

County of ClarendonTownship of Concord

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

3473

Registration District No. 1312 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 <u>girl</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Age Person Married <u>43</u>	(7) DATE OF BIRTH <u>Feb 1 1923</u> (Name of Month) (Day) (Year)
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## FATHER

(8) FULL NAME Sam Ranton(9) PRESENT POSTOFFICE OF FATHER Summerton SC(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 30  
(Year)(12) BIRTHPLACE Clarendon co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

## MOTHER

(14) NAME BEFORE MARRIAGE Florence Ranton(15) PRESENT POSTOFFICE OF MOTHER Summerton SC(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 28  
(Year)(18) BIRTHPLACE Clarendon co(19) OCCUPATION House & field(21) 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 or Stillborn) (Hour A. M. or P. M.)(23) (Signature) Cessie Lewis(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Summerton SC

Given name added from a supplemental report

(26) Witness J. E. Ralston  
(Signature of Witness necessary only when question 23 is signed by mother)(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.

FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 5

Division of Statistics, Columbia, S. C.