

FORM NO. 1

(1) PLACE OF BIRTH

County of Georgetown
 Township of No. 5
 or
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
42900

Registration District No. 21.24 Registered No. 72
 (For use of Local Registrar)

(2) Full Name of Child Wm Richard Perry { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>June 29</u> (Name of Month) (Day) (Year)
FATHER.				MOTHER.
(8) FULL NAME <u>Willie Pruitt</u>				(14) NAME BEFORE MARRIAGE <u>Lizzie Doss</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Courmay, S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Lafayette Springs</u>
(10) COLOR OR RACE <u>African</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>African</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)	(18) BIRTHPLACE <u>Georgetown</u>
(12) BIRTHPLACE <u>Not known</u>	(13) OCCUPATION <u>Butler</u>	(19) OCCUPATION <u>Corn</u>	(21) Number of children of this mother now living, including present birth <u>1</u>	
(20) Number of children born to mother, including present birth <u>1</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lizzie Doss
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Lafayette Springs, S.C.

Given name added from a supplemental report

(26) Witness mother
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 11 1915 (28) G. L. Ellis
 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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
 McCaw of Columbia