

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

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

15378

Registration District No.

Registered No.

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

30

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

May 16 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Ernest Lungford

(9) PRESENT POSTOFFICE OF FATHER

Cosaw Hatchie, SC

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

34

(12) BIRTHPLACE

St. Charlesville SC.

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lellie Mae Smith

(15) PRESENT POSTOFFICE OF MOTHER

Cosaw Hatchie, SC.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

24

(18) BIRTHPLACE

Gray

(19) OCCUPATION

Housewife

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

3

(21) Number of children of this mother now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was

Alive at 10:40 a.m.

on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

Midwife Lellie Mae Smith

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

5/29

1922

(28)

R. W. Roberts

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  
WHITE PLAINLY, WITH UNFADING INK—Fill in a permanent record.  
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.  
MACAW OF COLUMBIA, COLUMBIA, S. C.