

Form No. 1

(1) PLACE OF BIRTH

County of York
 Township of Bethesda
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

38051

Registration District No. 440Registered No. 80
(For use of Local Registrar)

(2) Full Name of Child Lodie Bosman — If child is not yet named, make supplemental report as directed

3. BOY OR GIRL

boy4. Twin or Triplet? 1

To be answered only in event of Twin or Triplet

5. Number in order of birth

6. Are Parents Married?

No

7. DATE OF BIRTH

Nov 23, 1923
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Year)

12. BIRTHPLACE

13. OCCUPATION

20. Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE

Mamie Bosman

(15) PRESENT POSTOFFICE OF MOTHER

Guthrie S. C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

22
(Year)

(18) BIRTHPLACE

York S. C.

(19) OCCUPATION

farming

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

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

midwifeGuthrie S. C.

Give name added from a supplemental report

(26) Witness

Ruth Hall

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

(27) Filed 11/25

19

(28)

S. H. Love

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.