

Form No. 1

(1) PLACE OF BIRTH

County of LaurensTownship of Laurensor
Inc. Town of LaurensCity of Laurens

(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

Registration District No. 24

File No. — For State Registrar Only

4381

Registered No. 0
(For use of Local Registrar)

(2) Full Name of Child

Eddie Lewis Red

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb 7, 23
(Name of Month) (Day) (Year)

(8) FULL NAME

Lewis Red

(9) PRESENT POSTOFFICE OF FATHER

Laurens SC

(10) COLOR OR RACE

Negs

(11) AGE AT LAST BIRTHDAY

18
(Year)

(12) BIRTHPLACE

Laurens Co

(13) OCCUPATION

Laborer with No. 1 Bridge Crew

(14) NAME BEFORE MARRIAGE

(Marie) Lewis

(15) PRESENT POSTOFFICE OF MOTHER

Laurens SC

(16) COLOR OR RACE

Negs

(17) AGE AT LAST BIRTHDAY

20
(Year)

(18) BIRTHPLACE

Laurens SC

(19) OCCUPATION

House work

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

7

(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 born alive at 3 A. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplementary report

(26) Witness

(Signature of witness necessary only when question 22 is signed by nurse)

(27) Date

(28) Local Registrar

When there was no attending physician or midwife, when the father, householder, etc., should make this return. If a child becomes even weak, it must not be reported as stillborn. No report is desired of stillbirths before the last month of pregnancy.