

Form No. 1

(1) PLACE OF BIRTH

County of Lee

Township of

OF Bristolville

OF

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

21710

Registration District No. 30-2 Registered No. 14

(For use of Local Registrar)

(No. 14 St. 14 Ward)

(If birth occurs in a hospital or other institution, give name of institution instead of street and number.)

(2) Full Name of Child Lewis Welden Rollings If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twin or Triplet(6) Are Parents Married? Yes(7) DATE OF BIRTH July 20, 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 5-2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. W. Rollings

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Given name added from a supplemental report

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

(27) Filed July 21, 1923 (29) John H. J. Lang 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.

FIRST-BORN, No. 1 THE OTHER, No. 2, etc. in question 1

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.