

Form No. 1

(1) PLACE OF BIRTH

County of LexingtonTownship of York

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 3106

File No. — For State Registrar Only

7701Registered No. 11
(For use of Local Registrar)

St. Ward)

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

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

(2) Full Name of Child Charles S. ...(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

(6) Are Parents Married yes(7) DATE OF BIRTH Jan. 13, 1923
(Name of Month) (Day) (Year)

MOTHER.

(8) FULL NAME

FATHER.

(14) NAME BEFORE MARRIAGE Bess Baker(15) PRESENT POSTOFFICE OF MOTHER Lexing. S.C.(16) COLOR OR RACE white(18) BIRTHPLACE Lexing. S.C.(19) OCCUPATION Homemaker(21) Number of children of this mother now living, including present birth 2(9) PRESENT POSTOFFICE OF FATHER Columbia, S.C. 22(10) COLOR OR RACE white(12) BIRTHPLACE Lexing. S.C.(13) OCCUPATION Miss(20) Number of children born to mother, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Aline at 11 P. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) R. E. Matthews

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lexing, S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

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(28)

S. A. Matthews
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.