

THESE OR OTHER LABELS ARE TO BE SEPARATED, BLANKS FOR EACH CHILD FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH County of <u>Chester</u> Township of <u>Halsellville</u>		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 45760	
or Inc. Town of		Registration District No. <u>1104</u>		Registered No. <u>3</u> (For use of Local Registrar)	
City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)				St.; Ward)	
(2) Full Name of Child <u>L. S. Price</u>				{ If child is not yet named, make supplemental report as directed	

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 9, 1916</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Lake Price</u>	(14) NAME BEFORE MARRIAGE <u>Caroline Thomas</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Chester S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Chester S.C.</u>		
(10) COLOR OR RACE <u>Black</u>	(16) COLOR OR RACE <u>Black</u>		
(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)		
(12) BIRTHPLACE <u>Chester S.C.</u>	(18) BIRTHPLACE <u>Chester S.C.</u>		
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth { <u>4</u>	(21) Number of children of this mother now living, including present birth { <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) <u>Linda Rawls</u>	(25) Address of Physician or Midwife <u>Chester S.C.</u>
(24) State whether Physician or Midwife <u>Midwife</u>	

Given Name added from a supplemental report, 191.....	(26) Witness <u>Lake Price</u> (Signature of Witness necessary only when question 23 is signed by mark)
Registrar	(27) Filed <u>Jan. 4, 1916</u> (28) <u>J. H. McDaniel</u> 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.

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