

Form No. 1

## (1) PLACE OF BIRTH

County of RichlandTownship of Lower

Inc. Town of .....

City of .....

(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. 2803

File No. — For State Registrar Only

19011

Registered No. 159  
(For use of Local Registrar)(2) Full Name of Child Lee Randolph (If child is not yet named, make supplemental report as directed)3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age before marriage yes (7) DATE OF BIRTH June 9, 23  
(Name of Month) (Day) (Year)FATHER.  
8) FULL NAME Jim Randolph9) PRESENT POSTOFFICE OF FATHER Hopkin10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30  
(Year)12) BIRTHPLACE SC13) OCCUPATION Farmer14) Number of children born to mother, including present birth 3MOTHER.  
10) NAME BEFORE MARRIAGE Mary Adams11) PRESENT POSTOFFICE OF MOTHER Hopkin12) COLOR OR RACE Negro (13) AGE AT LAST BIRTHDAY 25  
(Year)14) BIRTHPLACE SC15) OCCUPATION Housewife16) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Susana Prichard(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Congaree St

(Given name added from a supplemental report)

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

(27) Filed J. P. GARICK (28) 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.