

Registration District No. 401

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

(2) Full Name of Child

(1) SEX OF CHILD <u>Boy</u>	(2) AGE OF CHILD <u>24 hours</u>	(3) BIRTH IN this or other State	(4) WEIGHT <u>7 1/2</u>	(5) LENGTH <u>20 3/4</u>	(6) HEAD CIRCUMFERENCE <u>13 3/4</u>
FATHER			MOTHER		
(7) FULL NAME <u>Lucious Hiers</u>			(8) FULL NAME <u>Rosa Bryant</u>		
(9) PRESENT RESIDENCE OF FATHER <u>Olax SC</u>			(9) PRESENT RESIDENCE OF MOTHER <u>Olax SC</u>		
(10) COLOR <u>Col</u>			(10) COLOR <u>Col</u>		
(11) BIRTHPLACE <u>SC</u>			(11) BIRTHPLACE <u>SC</u>		
(12) OCCUPATION <u>farmer</u>			(12) OCCUPATION <u>farmer</u>		
(13) Number of children born to mother, including present birth <u>1</u>			(13) Number of children of this mother <u>1</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(15) (Signature) Della Disher

(16) State whether Physician or Midwife Midwife

(17) Address of Physician or Midwife Olax SC

(18) Name added from a supplemental report

(19) Witness (Signature of Witness necessary only when question 14 is signed by mother)

(20) Filed Dec 25 1925

(21) Registrar

If there was no attending physician or midwife, then the father, mother, or other person, if a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.