

Form No. 1

(1) PLACE OF BIRTH

County of Columbia
 Township of Bluff
 OF Bluff
 Inc. Town of Bluff
 OF Bluff
 City of Bluff

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
3521

Registration District No. 1408

Registered No. 8
 (For use of Local Registrar)

(City of Bluff (No. 1408 St. 8 Ward 8)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

3. BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 13 1923
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Harold Lynah
 9. PRESENT POSTOFFICE OF FATHER Collagville
 10. COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 36
 12. BIRTHPLACE SC
 13. OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Mabel Hamilton
 (15) PRESENT POSTOFFICE OF MOTHER Collagville
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION Domestic

20. Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mariah Tracy
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Collagville

Given name added from a supplemental report

(26) Witness James W. Adams
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed March 2 23 (28) James W. Adams 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.

IN THE CASE OF TWINS OR TRIPLETS, USE A SEPARATE, IN AN ORDER, IN ORDER TO 2, etc. in question 3 FIRST-BORN, No 1 THE OTHER No 2, etc. in question 3