

Form No. 1

## (1) PLACE OF BIRTH

County of LancasterTownship of Polkville

or

Inc. Town of X

or

City of X

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28149

Registration District No. 1706Registered No. 20  
(For use of Local Registrar)

(No. .... St. .... Ward)

(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

(1) BOY OR GIRL girl (2) Twin or Triplet? X (3) Number in order of birth 1 (4) Are Parents Married? no (5) DATE OF BIRTH Sept 15-1923  
(Name of Month) (Day) (Year)

## FATHER.

(6) FULL NAME Don't know  
(7) PRESENT POSTOFFICE OF FATHER Summerville S.C.  
(8) COLOR OR RACE Colored (9) AGE AT LAST BIRTHDAY don't know  
(10) BIRTHPLACE Lancaster S.C.  
(11) OCCUPATION Common Labor  
(12) Number of children born to mother, including present birth one

## MOTHER.

(13) NAME BEFORE MARRIAGE Natie Lawrence  
(14) PRESENT POSTOFFICE OF MOTHER Summerville S.C.  
(15) COLOR OR RACE Colored (16) AGE AT LAST BIRTHDAY 18  
(17) BIRTHPLACE Lancaster S.C.  
(18) OCCUPATION House Work  
(19) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Born alive at 4 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) Marion Langston  
(22) State whether Physician or Midwife Midwife (23) Address of Physician or Midwife Summerville S.C.

Given name added from a supplemental report

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

(25) Filed Sept 23, 1923 (26) R. H. Boyl  
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.