

(1) PLACE OF BIRTH  
County of Fairfield Co.  
Township of X 90  
or  
Inc. Town of .....  
or  
City of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**52093**

Registration District No. 1908 Registered No. 177  
(For use of Local Registrar)

City of ..... (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. Liza Cede Stark

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar. 15 1914  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Lam Stark  
(9) PRESENT POSTOFFICE OF FATHER Rockton S.C.  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 38 (Years)  
(12) BIRTHPLACE Fairfield Co  
(13) OCCUPATION Farm laborer

## MOTHER.

(14) NAME BEFORE MARRIAGE Viola Alston  
(15) PRESENT POSTOFFICE OF MOTHER Rockton S.C.  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 37 (Years)  
(18) BIRTHPLACE Fairfield Co  
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Chas. J. Moore  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Rockton S.C.

Given name added from a supplemental report

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

(27) Filed Mar 20 1914 (28) E. C. Buff 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.

McGraw, of Columbia. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.