

Form No. 1

(1) PLACE OF BIRTH

County of Hampton
 Township of Lanier
 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

42906

Registration District No. 22601Registered No. 109
(For use of Local Registrar)

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

(2) Full Name of Child

Elizabeth Bolden

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

X

(5) Number in order of birth

3

(6) Are Parents Married?

(7) DATE OF BIRTH

Dec 2 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Henry Bolden

(9) PRESENT POSTOFFICE OF FATHER

Pinebluff SC 21

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

34
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Labour

MOTHER

(14) NAME BEFORE MARRIAGE

Charlenden Laurel

(15) PRESENT POSTOFFICE OF MOTHER

Pinebluff SC 21

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

21
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Labour

(20) Number of children born to mother, including present birth

3

(21) 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..... at..... M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Henry Bolden

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

12/5-22

(28)

W. E. Cole
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.

THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MUST BE
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.