

Form No. 1

## (1) PLACE OF BIRTH

County of F. T. W. H.  
 Township of Little River  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

28850

Registration District No. 2507 Registered No. 66  
 (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 Lencia Inman 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 1 (6) Are Parents Married yes (7) DATE OF BIRTH July 15, 23  
 To be covered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William J Inman(9) PRESENT POSTOFFICE OF FATHER Wampers, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Year)(12) BIRTHPLACE Harvey Co(13) OCCUPATION Farming(14) Number of children born to mother, including present birth three

## MOTHER.

(14) NAME BEFORE MARRIAGE Robert Long(15) PRESENT POSTOFFICE OF MOTHER Wampers, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42 (Year)(18) BIRTHPLACE N.C.(19) OCCUPATION House work(20) Number of children of this mother now living, including present birth three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Dr. A. H. Jones(23) State whether Physician or Midwife(24) Address of Physician or Midwife Physician Little River S.C.

(Given name added from a supplemental report)

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

(26) Filed July 20, 23 (27) h. b. Jones

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.