

Form No 1.

(1) PLACE OF BIRTH

**CERTIFICATE OF BIRTH**

**CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only

90824

(1) PLACE OF BIRTH

County of Durham  
Township of Trickett

Registration District No. 3107

Registered No. 114  
(For use of Local Registrar)

or  
Inc. Town of Leasville S. C.  
or  
City of Leasville S. C.

(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 Infant

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 3

(6) Are Parents Married? yes

(7) DATE OF BIRTH Dec. 13 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Sam Adams

(9) PRESENT POSTOFFICE OF FATHER Leasville R. D.

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 23  
(Years)

(12) BIRTHPLACE Newberry

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 3

**MOTHER.**

(14) NAME BEFORE MARRIAGE Lulu Josephine Lape

(15) PRESENT POSTOFFICE OF MOTHER Leasville R. D.

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 20  
(Years)

(18) BIRTHPLACE Leasville R. D.

(19) OCCUPATION house wife

(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 Dec. 13 at 10 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. L. McMillan

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Leasville 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 Jan. 16 1917

(28) Local Registrar R. L. McMillan

\*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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.