

Form No. 1

## (1) PLACE OF BIRTH

County of DarlingtonTownship of Lytle

Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39837

Registration District No. 1506Registered No. 94  
(For use of Local Registrar)

## (2) Full Name of Child

Harris Daymon

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 case of Twins or Triplets

(5) Number in order of birth

10

(6) Date of Birth

Oct 12

(7) DAY OF BIRTH

12

(Name of Month) (Day) (Year)

(8) FULL NAME

Moss Daymon

(9) PRESENT POSTOFFICE OF FATHER

Lamar S.C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

45

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

Four

(15) NAME BEFORE MARRIAGE

MOTHER.

Lizzie Lee

(16) PRESENT POSTOFFICE OF MOTHER

Lamar S.C.

(17) COLOR OR RACE

Col

(18) AGE AT LAST BIRTHDAY

42

(19) BIRTHPLACE

S.C.

(20) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 9 P M., on the date above stated. (Born or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Amos Holloman

(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 mark)

(27) Filed

Dec 23(28) R. M. Jones 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.

WRITE PLAINLY. WITH INK—PEN—THIS IS A PERMANENT RECORD. 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 3

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.