

Form No. 1

(1) PLACE OF BIRTH

County of BeaufortTownship of Beaufort

or

Inc. Town of Beaufort

or

City of Beaufort

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 6a

File No.—For State Registrar Only

28985

Registered No. 45
(For use of Local Registrar)

(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 Lila Grace K. Peterson

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

3) BOY OR GIRL? <u>girl</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>July 25, 1923</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
8) FULL NAME <u>Walter H. Peterson</u>	14) NAME BEFORE MARRIAGE <u>Louella McTeer</u>	9) PRESENT POSTOFFICE OF FATHER <u>Beaufort</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Beaufort</u>
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	16) COLOR OR RACE <u>White</u>	17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
12) BIRTHPLACE <u>Brooklyn N.Y.</u>	18) BIRTHPLACE <u>Beaufort S.C.</u>	13) OCCUPATION <u>Auto Mechanic</u>	19) OCCUPATION <u>Housewife</u>
20) Number of children born to mother, including present birth <u>14</u>	21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 P.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) M. J. Collier M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Beaufort 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 Sept 11, 1923 (28) H. A. K. K. K. 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.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.