

Form No. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only
74138

County of Orangeburg

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

Township of

or
Inc. Town of Orangeburg Registration District No. 36a Registered No. 116
(For use of Local Registrar)

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

(2) Full Name of Child. Claude Edward Langston } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH July 20, 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Claude Calvin Langston

(14) NAME BEFORE MARRIAGE Mrs. Claude Hughes

(9) PRESENT POSTOFFICE OF FATHER Orangeburg

(15) PRESENT POSTOFFICE OF MOTHER Orangeburg

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Florence County

(18) BIRTHPLACE Orangeburg Co.

(13) OCCUPATION Livery Business

(19) OCCUPATION House keeper

(20) Number of children born to mother, including present birth { 2 }

(21) Number of children of this mother now living, including present birth { 1 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. P. Parker, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Orangeburg 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 Aug 18 1916. (28) W. H. Duke Local Registrar

*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 stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE 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.
McGaw, of Columbia.