

Form No. 1.

(1) PLACE OF BIRTH

County of Orangeburg

Township of

or
Inc. Town of Orangeburg

or
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

74138

Registration District No. 36a Registered No. 116

(For use of Local Registrar)

(2) Full Name of Child. Claude Edward Langston

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 20, 1916</u> <small>(Name of Month) (Day) (Year)</small>
-----------------------------	--	------------------------------	-------------------------------------	---

FATHER.

(8) FULL NAME Claude Calvin Langston
(9) PRESENT POSTOFFICE OF FATHER Orangeburg
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Florence County
(13) OCCUPATION Livery Business
(20) Number of children born to mother, including present birth { 2 }

MOTHER.

(14) NAME BEFORE MARRIAGE Maudie Hughes
(15) PRESENT POSTOFFICE OF MOTHER Orangeburg
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Orangeburg County
(19) OCCUPATION House keeper
(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 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. 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 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.

McCaw, of Columbia.