Form No. 1

(1) PLACE OF BIRTH

County of Beaufort

Township of .....

or Inc. Town of Beaufort

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
2934

Registration District No. 6a

Registered No. 4
(For use of Local Registrar)

(No. 817 St. Washington St.)

(2) Full Name of Child.....

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

(3) BOY OR GIRL	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl	To be answered only in event of Twins or Triplets	1	yes	13 Feb. 1923

FATHER.	MOTHER.
(8) FULL NAME: Sam Bacon	(14) NAME BEFORE MARRIAGE: Betsy Burns
(9) PRESENT POSTOFFICE OF FATHER: Beaufort	(15) PRESENT POSTOFFICE OF MOTHER: Beaufort
(10) COLOR OR RACE: Colored (11) AGE AT LAST BIRTHDAY: 48 (Years)	(16) COLOR OR RACE: Colored (17) AGE AT LAST BIRTHDAY: 41 (Years)
(12) BIRTHPLACE: Beaufort	(18) BIRTHPLACE: Beaufort
(13) OCCUPATION: Farmer	(19) OCCUPATION: Farm Helper
(20) Number of children born to mother, including present birth: 10	(21) Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

(22) I hereby certify that I attended the birth of this child, who was ...alive... at ..1..M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marguerite Lawton

(24) State whether Physician or Midwife: Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

...C. Lloyd...

.....19....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 18 1923 (28) Frank Lawton
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., shall report. If a child breathes even once, it must not be reported as stillborn. No report is required before the 6th month of pregnancy.

MARRIAGE RECORDED FOR REFERENCE.
WHITE FAMILY, WITH LIVING SON—FEE $1 IF A PERMANENT RECORD.
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for EACH CHILD, and make the POSITION clear. No. 1, THIS SHEET, No. 2, etc., to question 4.