

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town ofor  
City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3803

Registration District No. 20 A

Registered No. 72  
(For use of Local Registrar)

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

## (2) Full Name of Child

3 SEX OR  
GIRL

boy

(4) Twin  
or Triplet

To be answered only in event of Twin or Triplet

(5) Number in  
order of birth(6) Age  
Parents  
Married

40

(7) DATE

Feb. 11, 1923

(Name of Month) (Day) (Year)

9 FULL  
NAME

Lorence Christian

10 PRESENT  
POSTOFFICE  
OF FATHER

Florence

(11) COLOR  
OR  
RACE

colored

(12) AGE AT LAST  
BIRTHDAY

34

(13) BIRTHPLACE

South Carolina

(14) OCCUPATION

Dress Making

(15) NAME BEFORE  
MARRIAGE

Lorence Christian

(16) PRESENT  
POSTOFFICE  
OF MOTHER

Florence

(17) COLOR  
OR  
RACE

colored

(18) AGE AT LAST  
BIRTHDAY

45

(19) BIRTHPLACE

South Carolina

(20) OCCUPATION

Dress Making

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

11

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

11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(24) (Signature)

(25) State whether Obstetrician, Midwife

(26) Address of Physician or Midwife

When name added, send a certificate  
and reportWhen name added, send a certificate  
and reportSignature of witness necessary only  
when question 26 is signed by nurse

2-14-23 P. H. Buchanan

When name added, send a certificate  
and reportWhen name added, send a certificate  
and report