

Form No. 1.

(1) PLACE OF BIRTH

County of Spartanburg

Township of Campobello

or  
Inc. Town of .....

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

50427

Registration District No. 40-C Registered No. 18  
(For use of Local Registrar)

(2) Full Name of Child

Elizabeth May Lancaster

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? No

(5) Number in order of birth 3

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb. 2 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME A. H. Lancaster

(9) PRESENT POSTOFFICE OF FATHER Inman St

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 52 (Years)

(12) BIRTHPLACE Spartanburg Co

(13) OCCUPATION San. Eng. Mechanic

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Grace Burdick

(15) PRESENT POSTOFFICE OF MOTHER Inman St

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Anderson Co.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at Inman at 9:30 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. R. Gibson M.D.

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

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 28 is signed by mark)

(27) Filed 502 1916 (28) W. R. Gibson 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.

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.