

Form No 1.

(1) PLACE OF BIRTH

County of RichlandTownship of Lower

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registration
66086Registration District No. 3803Registered No. 189
(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 Lilla Ruth Squire If child is not yet named, make supplemental report as directed

(3) SEX OR GERM?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Age of Parent Married?	(7) DATE OF BIRTH <u>Jan. 26, 1906</u>
(8) FULL NAME <u>FATHER</u> <u>Sam Squire</u>			(9) NAME BEFORE MARRIAGE <u>Lilla Mary</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Easton SC</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Easton SC</u>	
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>46</u> (Years)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) BIRTHPLACE <u>SC</u>
(17) OCCUPATION <u>Farmer</u>			(18) OCCUPATION <u>Housewife</u>	
(19) Number of children born to mother, including present birth <u>7</u>			(20) Number of children of this mother now living, including present birth <u>8</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 12 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) D. K. Eastover
(23) State whether Physician or Midwife (24) Address of Physician or MidwifeMidwife EASTOVER

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed as midwife)

(26) Date 173 1906 (27) Easton (28) South Carolina

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child becomes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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.

County of Columbia