

Form No. 1

(1) PLACE OF BIRTH

County of HamptonTownship of Lanston

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

42903

Registration District No. 1401 Registered No. 106

(For use of Local Registrar)

(2) Full Name of Child Sarah Minnie Lee Teston If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 20, 1922</u> (Name of Month) (Day) (Year)
------------------------------	--------------------------------	------------------------------	-------------------------------------	---

FATHER.

(1) FULL NAME S. J. Teston(9) PRESENT POSTOFFICE OF FATHER Darnett. S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Saw mill work(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Nona Teston(15) PRESENT POSTOFFICE OF MOTHER Darnett. S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36
(Years)(18) BIRTHPLACE S.C.(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 alive at 5 a. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lizzie Thompson(24) State whether Physician or Midwife midwife Address of Physician or Midwife Darnett. 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 Dec 30, 1922(28) L. C. Richardson 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.

W. F. Ellis PR

THIS IS A SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.