

Form No. 1

(1) PLACE OF BIRTH

County of Lil. Co.Township of Taniaor
Inc. Town of.....or
City of Bishopville

(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

31085

Registration District No 3.084Registered No. 176

(For use of Local Registrar)

(2) Full Name of Child

Lilias Gayle

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

1st

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH

Sept. 10, 1922

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Lias Gayle

(9) PRESENT POSTOFFICE OF FATHER

Camden, S.C.

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

39

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Teacher

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

1st

MOTHER

(14) NAME BEFORE MARRIAGE

Helen Marie

(15) PRESENT POSTOFFICE OF MOTHER

Camden, S.C.

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

28

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Grace Homan

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Camden, 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 Sept. 12, 1922

(28)

Estelle D. Outler

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.

MARGIN RESERVED FOR BINDING.

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.

MADE IN COLUMBIA, S. C.