

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of Lowndesor Inc. Town of LowndesCity of Eastover

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 8503

No. for State Registrar Only

11882

Registered No. 114

(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child Leah Ann 2000 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Type or Taper <u>1</u>	(5) Number in order of birth <u>1</u>	(6) Sex <u>yes</u>	(7) DATE OF BIRTH <u>March 24</u>
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FATHER		MOTHER	
(8) FULL NAME <u>Edward Dore</u>	(14) NAME BEFORE MARRIAGE <u>Ophelia Taylor</u>	(9) PRESENT RESIDENCE OF FATHER <u>Waterloo</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Waterloo</u>
(10) COLOR OR RACE <u>Colored</u>	(16) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>25</u>	(17) AGE AT LAST BIRTHDAY <u>21</u>
(12) BIRTHPLACE <u>Waterloo SC</u>	(18) BIRTHPLACE <u>Waterloo SC</u>	(13) OCCUPATION <u>Public Work</u>	(19) OCCUPATION <u>house work</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (New alive or stillborn) (Hour A. M. or P. M.) 9 P. M.(23) (Signature) Millie Jackson (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only if question 22 is signed by mark) 11 23 (27) Filed 11 23 (28) SA Jackson Local Registrar

When there is 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.

MAKING RESERVED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 1.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.