

## (1) PLACE OF BIRTH

County of SumterTownship of Kingor  
Inc. Town of.....or  
City of.....

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

(2) Full Name of Child Ben L. LisdallNo. 5447Registration District No. 4702 Registered No. 11  
(For use of Local Registrar)

(3) SEX OF CHILD <u>Boy</u>	(4) AGE OF CHILD <u>2 yrs</u>	(5) COLOR OF CHILD <u>Negro</u>	(6) DATE OF BIRTH <u>Feb 12, 1943</u>
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FATHER		MOTHER	
(7) FULL NAME <u>Andy Lisdall</u>	(10) FULL NAME <u>Maisy Gamble</u>	(8) PRESENT RESIDENCE OF FATHER <u>Kingston</u>	(11) PRESENT RESIDENCE OF MOTHER <u>Kingston</u>
(9) COLOR OF FATHER <u>Negro</u>	(12) COLOR OF MOTHER <u>Negro</u>	(13) AGE AT LAST BIRTHDAY <u>46</u>	(14) AGE AT LAST BIRTHDAY <u>24</u>
(15) BIRTHPLACE <u>Winnery</u>	(16) BIRTHPLACE <u>Granbury</u>	(17) OCCUPATION <u>Farmer</u>	(18) OCCUPATION <u>Housewife</u>
(19) Number of children born to mother, including present birth <u>2</u>	(20) Number of children of this mother now living, including present birth <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Mark L. M. or P. M.)  
on the date above stated.(22) (Signature) Verline Shaw  
(23) State whether Physician or Midwife

Given name of child from a supplementary report <u>M. B. Woodward</u>	Witness <u>Andy Lisdall</u>
<u>1/9/43</u>	(24) Filed <u>Feb 17, 1943</u>

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