

Form No. 1

(1) PLACE OF BIRTH

County of LynchTownship of Buffaloor
Inc. Town ofor
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

43057

Registration District No. 7700Registered No. 149
(For use of Local Registrar)

(2) Full Name of Child

{ 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 event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Dec 4, 1932
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Unknown(9) PRESENT POSTOFFICE OF FATHER 11(10) COLOR OR RACE 11

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE 11(13) OCCUPATION 11(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lela Dixon(15) PRESENT POSTOFFICE OF MOTHER Lynch SC #6(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY

(Years) 25(18) BIRTHPLACE SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7P M., on the date above stated. (Sign alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lela Dixon(24) State Physician or Midwife(25) Address of Physician or Midwife Lynch SC #6

Given name added from a supplemental report

(26) Witness W. M. [Signature]

(Signature of Witness necessary only when question is signed by [Signature])

(27) Registrar [Signature](28) Date Dec 11, 1932(29) Local Registrar [Signature]

*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.