

Form No. 1

(1) PLACE OF BIRTH

County of Barnwell
 Township of Blackville
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

13743

Registration District No. 504 Registered No. 51
 (For use of Local Registrar) (Ward)

City of (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 Not named (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL Boy 4) Twin or Triplet? 5) Number in order of birth 6) Are Parents Married? Yes 7) DATE OF BIRTH May 17, 1932
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME William Lovell9) PRESENT POSTOFFICE OF FATHER Blackville10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37
(Year)12) BIRTHPLACE S. C.13) OCCUPATION Fireman20) Number of children born to mother, including present birth 16

MOTHER.

14) NAME BEFORE MARRIAGE Maria Jennings15) PRESENT POSTOFFICE OF MOTHER Blackville16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38
(Year)18) BIRTHPLACE S. C.

19) OCCUPATION

21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. M. Cuthbertson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 10, 1932 (28) O. N. Hammond 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.

VERIFIED REGISTRY, VITALS AND REGISTRATIONS—ORDER OF A CHIEF CLERK, COUNTY REGISTER, BUREAU OF VITAL STATISTICS, STATE BOARD OF HEALTH, COLUMBIA, S. C.
 I HEREBY CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE ORIGINAL AS FILED IN THE OFFICE OF THE COUNTY REGISTER, BARNWELL COUNTY, S. C., ON MAY 17, 1932.
 O. N. HAMMOND, COUNTY REGISTER, BARNWELL COUNTY, S. C.