

Form No. 1

(1) PLACE OF BIRTH

County of Galvey

Township of Sandy Run

or Inc. Town of .....

City of .....

(No. .... St. .... Ward) (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

27365

Registration District No. 804

Registered No. 32  
(For use of Local Registrar)

(2) Full Name of Child Pres Lykes

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

3. BOY OR GIRL

4. Twin or Triplet?

5. Number in order of birth 3

6. Are Parents Married? no

7. DATE OF BIRTH

Sept 23  
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

11. AGE AT LAST BIRTHDAY (Years)

12. BIRTHPLACE

13. OCCUPATION

20. Number of children born to mother, including present birth 3

MOTHER.

14. NAME BEFORE MARRIAGE Ellen Lykes

15. PRESENT POSTOFFICE OF MOTHER Sandy Run

16. COLOR OR RACE Negro

17. AGE AT LAST BIRTHDAY 27  
(Year)

18. BIRTHPLACE Lexington

19. OCCUPATION Farmland

21. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M., on the date above stated. (Born alive or stillborn (Hour: A. M. or P. M.))

(23) (Signature) E. Stoll Brown

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Sandy Run

Given name added from a supplemental report

(26) Witness B. E. Bellinger

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

(27) Filed Sept 23 19 23

(28)

Local Registrar J. B. Bellinger

\*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.