

Form No. 1

(1) PLACE OF BIRTH

County of allendaleTownship of Spartanburg

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 31487Registration District No. 408 Registered No. 551

(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 Bill Henry all 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 (6) Are Parents Married (7) DATE OF BIRTH Mar 7 1923

FATHER.

MOTHER.

(8) FULL NAME Idell Lightsey (14) NAME BEFORE MARRIAGE Karnie Belle all(9) PRESENT POSTOFFICE OF FATHER Spartanburg (15) PRESENT POSTOFFICE OF MOTHER all(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21(12) BIRTHPLACE Barnwell Co (18) BIRTHPLACE Barnwell Co(13) OCCUPATION Public work (19) OCCUPATION lives with mother(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Spec. A. M. or P. M.)(23) (Signature) no dr no midwife

(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 when question 23 is signed by mark)

(27) Filed Mar 16 1923 (28) J. C. May Jr. 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.