

Form No. 1

(1) PLACE OF BIRTH

County of Spartan
 Township of Providence
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
22723

Registration District No. 4105 Registered No. 5859
 (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 Lugan Dargan If child is not yet named, make supplemental report as directed

3 BOY OR GIRL? <u>Boy</u>	4 Twin or Triplet? To be answered only in event of Twin or Triplet	5 Number in order of birth	6 Are Parents Married? <u>yes</u>	7 DATE OF BIRTH (Month) (Day) (Year) <u>July 19 23</u>
FATHER			MOTHER	
8 FULL NAME <u>Lewerland Dargan</u>			14 NAME BEFORE MARRIAGE <u>Laveria Lonie</u>	
9 PRESENT POSTOFFICE OF FATHER <u>Dagell S.C.</u>			15 PRESENT POSTOFFICE OF MOTHER <u>Dagell S.C.</u>	
10 COLOR OR RACE <u>cul</u>	11 AGE AT LAST BIRTHDAY <u>38</u> (Years)	16 COLOR OR RACE <u>cul</u>	17 AGE AT LAST BIRTHDAY <u>37</u> (Years)	18 BIRTHPLACE <u>S.C.</u>
15 OCCUPATION <u>Rail Road Hand</u>			19 OCCUPATION <u>Housewife</u>	
20 Number of children born to mother, including present birth <u>11</u>			21 Number of children of this mother now living, including present birth <u>13</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10-9- M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Effie Anderson

(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 22 is signed by mark)

(27) Dated July 27th 23

(28)

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.

A K S A F E T Y A F I