

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Williamsburg Co.  
 Township of .....  
 or  
 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  
83862

Registration District No. 4304 Registered No. 1417  
 (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 Lilian Caneta Morison Low If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 20 1910  
 (Name of Month Day Year)  
 To be answered only in case of Twins or Triplets

FATHER		MOTHER	
(8) FULL NAME <u>Hansen DeLeon</u>	(14) NAME BEFORE MARRIAGE <u>Lula Patterson</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Hemingway S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>22</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Hemingway S.C.</u>	(16) COLOR OR RACE <u>colored</u>	(18) BIRTHPLACE <u>Williamsburg Co</u>	(19) OCCUPATION <u>farmer</u>
(10) COLOR OR RACE <u>colored</u>	(11) AGE AT LAST BIRTHDAY <u>22</u>	(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>
(12) BIRTHPLACE <u>Williamsburg Co</u>	(13) OCCUPATION <u>Farmer</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Thursday at 2 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Patterson (24) State whether Physician or Midwife (25) Address of Physician or Midwife Hemingway

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed Nov 10 1910 (28) L. L. Gird Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a stillbirth occurs even once, it must not be reported as stillborn. No report is required of stillbirths before the fifth month of pregnancy.