

Form No. 1

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Orangeburg

Inc. Town of .....

City of .....

(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

4880

Registration District No. 3.6.13 Registered No. 26.....  
(For use of Local Registrar)(2) Full Name of Child Lucius Franklin If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 8 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Lucius Franklin(9) PRESENT POSTOFFICE OF FATHER Summerville(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 21 (Year)(12) BIRTHPLACE W. Va. S. C.(13) OCCUPATION Railroad Foreman(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Lavinia Caldwell(15) PRESENT POSTOFFICE OF MOTHER Summerville S.C.(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 20 (Year)(18) BIRTHPLACE W. Va. S. C.(19) OCCUPATION House work(20) 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 7 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Jackson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Summerville S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 24 1923 (28) A. L. Tinsley 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH 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 2.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.