

Form No. 1

(1) PLACE OF BIRTH

County of Kershaw
 Township of Waterlee
 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

43118

Registration District No. 2704 Registered No.
 (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 Lula Cailos 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 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 16 19 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lone Cailos
 (9) PRESENT POSTOFFICE OF FATHER Lugoff S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

2

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Murphy
 (15) PRESENT POSTOFFICE OF MOTHER Lugoff S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE

(19) OCCUPATION

House work

(21) Number of children of this mother now living, including present birth

2

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) Mary X White

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Lugoff S.C.

Given name added from a supplemental report

(26) Witness Sallie D. Rabin
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 31 19 22(28) Thos. H. W. W. W. W. 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.

N. B.—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.

MOORE OF COLUMBIA, COLUMBIA, S. C.