Form No. 1

(1) PLACE OF BIRTH

County of Lex...

Township of Mt. Clio...

or

Inc. Town of.....

or

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
41423

Registration District No. 3.0.0.4. Registered No. 224
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

If child is not yet named, make supplemental report as directed

(2) Full Name of Child Louis Josey

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
boy		4	yes	Dec	5	1923

FATHER.

(8) FULL NAME Lucas Josey

(9) PRESENT POSTOFFICE OF FATHER St Charles S C

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Lee Co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Lawrence

(15) PRESENT POSTOFFICE OF MOTHER St Charles S C

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Lee Co

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4.2 A. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Bivins

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: St Charles S C

(Given name added from a supplemental report)

..... 19 .....
Registrar

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

(27) Filed Dec 15 1923 (28) Thurston Elmore
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.

WRITE PLAINLY, WITH INDIA 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 OTHERS, No. 2, etc., in question 5.