

Form No. 1

(1) PLACE OF BIRTH

County of Clarendon...
 Township of Sammy S. and
 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's Office
3548E

Registration District No. 13NB Registered No. 13.....
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) SEX OF CHILD Boy (4) Type or Frigate To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH July 2, 1923
 (Day) (Month) (Year)

FATHER.

(8) FULL NAME Ben Briggs
 (9) PRESENT RESIDENCE OF FATHER Wanning St.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 6 (Year)
 (12) BIRTHPLACE Clarendon Co.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Briggs
 (15) PRESENT RESIDENCE OF MOTHER Wanning St.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Year)
 (18) BIRTHPLACE Clarendon Co.
 (19) OCCUPATION Housewife

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lillian Hutton
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Shrew

Given name added from a supplemental report

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

(27) Filed Nov 26, 1923 (28) affidavit 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.

Form No. 1. THE OTHER, No. 2, etc., in question 1. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1. Bureau of Statistics, Columbia, S. C.