

Form No. 1

## (1) PLACE OF BIRTH

County of Laurens

Township of .....

or

Inc. Town of .....

or

City of Laurens

(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

4380

Registration District No. 29 Registered No. 9

(For use of Local Registrar)

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

(2) Full Name of Child Freddie Wells

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 1 1923

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME J B Wells(9) PRESENT POSTOFFICE OF FATHER Laurens S C(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 26

(Years)

(12) BIRTHPLACE Laurens Co(13) OCCUPATION Laborer Power Plant(14) Number of children born to mother, including present birth 2

## MOTHER.

(15) NAME BEFORE MARRIAGE Alma M. Kelly(16) PRESENT POSTOFFICE OF MOTHER Laurens S C(17) COLOR OR RACE Negro(18) AGE AT LAST BIRTHDAY 26

(Years)

(19) BIRTHPLACE Laurens Co(20) OCCUPATION Housewife(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 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lucinda Craig(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Laurens S C

Given name added from a supplemental report

(26) Witness C. Kennedy

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

(27) Filed 7/7 23

(28) 19

(29) C. Kennedy 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.

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

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