

Form No. 1

(1) PLACE OF BIRTH

County of Dillon
Township of Harlem
or
Inc. Town of
or
City of VIRGINIA HACK
(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
[Redacted]

Registration District No. 1002 Registered No. 6
(For use of Local Registrar)
St.; Ward

(2) Full Name of Child Lea Mae

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of Twins or Triplets</small>	(6) Are <u>yes</u> Parents Married?	(7) DATE OF BIRTH <u>Dec 12</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Robt Moen
(9) PRESENT POSTOFFICE OF FATHER Little Rock
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26
(12) BIRTHPLACE Mo
(13) OCCUPATION farm work
(20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Georgann Cook
(15) PRESENT POSTOFFICE OF MOTHER Little Rock
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23
(18) BIRTHPLACE Mo
(19) OCCUPATION House wife
(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 alive at M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harriet Moen
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Little Rock

Given name added from a supplemental report
..... 191....
.....
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Feb 29 1912 (28) H. C. Henderson
Local Registrar

*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. Report is required for stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.
McCaw, of Columbia.

Mack, Virginia

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Dillon Co.

5-20-55 jew

Vol. ~~1-4~~

Cert. ~~6~~

Year ~~1915~~

1915

STATE OF South Carolina

County of Dillon

Personally appeared before me

related to child as

and says that the

~~birth~~ record of

Virginia Mack

as found in Vol. ~~1-4~~

Certificate No. ~~045235~~

~~000152~~

of the 19 ~~1915~~

~~death~~

birth

certificates in the office of

the Bureau of Vital Statistics of the South Carolina State Board of Health is incorrect in that:

Read: Lena Mack

Deponent further states that the correct information is as follows:

Should Read: Virginia Mack

SWORN and subscribed to before me this

13th

day of

May

1955

Georgianna Cook Mack

(Signature of Affiant)

Mary L. Toomey (L. S.)

Notary Public for

South Carolina

SEAL

(Seal required for affidavit to be acceptable.)

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