

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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

42215

Registration District No. 1808

Registered No. 41

(For use of Local Registrar)

(2) Full Name of Child

Lewis Diggins Jr

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Dec. 23, 1933

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Lewis Diggins Jr

(9) PRESENT POSTOFFICE OF FATHER

Edgefield, S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

37

(12) BIRTHPLACE

Edgefield

(13) OCCUPATION

Farm hand

MOTHER.

(14) NAME BEFORE MARRIAGE

Mattie Frazier

(15) PRESENT POSTOFFICE OF MOTHER

Edgefield, S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

26

(18) BIRTHPLACE

Edgefield

(19) OCCUPATION

Farm help

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

4

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Edgefield, S.C.

Given name added from a supplemental report

(26) Witness

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

19 Registrar

(27) Filed 1/8/1933

(28) 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.

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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.