

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Orange
 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 Only
16253

Registration District No. Registered No. 47
 (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 Lawrence Milton

(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 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 22, 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Sam Milton
 (9) PRESENT POSTOFFICE OF FATHER Orangeburg S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30
 (Year)
 (12) BIRTHPLACE Orangeburg C.S.
 (13) OCCUPATION Team coach

MOTHER

(14) NAME BEFORE MARRIAGE Bella Daniels
 (15) PRESENT POSTOFFICE OF MOTHER Orangeburg S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22
 (Year)
 (18) BIRTHPLACE Orangeburg C.S.
 (19) OCCUPATION Team coach

(20) Number of children born to mother, including present birth 5

(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 at 9 A.M. on the date above stated.
 (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Lana Sherman

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Orangeburg S.C.

Given name added from a supplemental report

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

(27) Filed May 25, 1922 (28) A. L. Rainer
 Registrar 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.
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE PLAIN FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 RECORD OF COLUMBIA, COLUMBIA, S. C.