

Form No. 1

## (1) PLACE OF BIRTH

County of LeeTownship of Status Bridge

Inc. Town of .....

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

22 050325

Only

Registration District No. 3008Registered No. 16

(For use of Local Registrar)

(2) Full Name of Child Nallie James Lighty

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Apr 18 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Kirren Lighty(9) PRESENT POSTOFFICE OF FATHER # Bishopville SC R6(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Year)(12) BIRTHPLACE Darlington Co SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Era Kelley(15) PRESENT POSTOFFICE OF MOTHER Bishopville SC R6(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Year)(18) BIRTHPLACE Darlington Co SC(19) OCCUPATION Domestic(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 12 noon on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lottie Brinson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bishopville SC R6

Given name added from a supplemental report

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

(27) Filed April 22 1922 (28) Or M Amick 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.

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. McCall or Columbia, Columbia, S. C.