

MAILED FOR RECORDING. THIS IS A PERMANENT RECORD. WRITE PLAINLY. WITH UNFADING INK—THIS IS A SEPARATE BLANK FOR EACH CHILD. AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 1.

(1) PLACE OF BIRTH

County of Lee  
 Township of Bishopville  
 or  
 Inc. Town of.....  
 or  
 City of.....

CERTIFICATE OF BIRTH  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 41397

Registration District No. 3000 Registered No. 58  
 (For use of Local Registrar)

(No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Lam Boon

(3) SEX OR  
 CHILD Male (4) Type  
 or Y/W (5) Number in  
 order of birth 1/10 (6) DATE OF  
 BIRTH Dec 3, 1923  
 (Name of Month) (Day) (Year)

FATHER.  
 (7) FULL  
 NAME Lam Boon  
 (8) PRESENT  
 POSTOFFICE  
 OF FATHER Bishopville S.C.  
 (9) COLOR  
 OR  
 RACE Col (10) AGE AT LAST  
 BIRTHDAY 34  
 (Year)  
 (11) BIRTHPLACE  
S.C.  
 (12) OCCUPATION  
Day Labor  
 (13) Number of children born to  
 mother, including present birth 1

MOTHER.  
 (14) NAME BEFORE  
 MARRIAGE Bertha Boon  
 (15) PRESENT  
 POSTOFFICE  
 OF MOTHER Bishopville S.C.  
 (16) COLOR  
 OR  
 RACE Col (17) AGE AT LAST  
 BIRTHDAY 22  
 (Year)  
 (18) BIRTHPLACE  
S.C.  
 (19) OCCUPATION  
Domestic  
 (20) Number of children of this mother  
 now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was.....  
 on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)

(22) (Signature) Junie Franklin  
 (23) State whether Physician or Midwife Bishopville S.C.

Given name added from a supplemen-  
 tal report  
 .....

(24) Witness .....  
 (Signature of Witness necessary only  
 when question 23 is signed by mark)  
 (25) Date Dec 3, 1923 (26) 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.