

Form No. 1

(1) PLACE OF BIRTH

County of Hampton
 Township of Labuten
 OR
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH

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

Registration District No. 2401

File No. — For State Registrar Only

7321Registered No. 11
(For use of Local Registrar)

(2) Full Name of Child

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL Boy (4) Twin or Triplet X (5) Number in order of birth 2 (6) Age at birth 2 (7) DATE OF BIRTH July 10 23
 To be answered only in event of Twin or Triplet (If child is not yet named, make supplemental report as directed)

FATHER: (8) FULL NAME Lisbon Bung (9) PRESENT POSTOFFICE OF FATHER Furman (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 21 (Year) 19
 (12) BIRTHPLACE La (13) OCCUPATION Laborer

MOTHER: (14) NAME BEFORE MARRIAGE Florence Butler (15) PRESENT POSTOFFICE OF MOTHER Furman (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 18 (Year) 19
 (18) BIRTHPLACE La (19) OCCUPATION Wife of Laborer

(20) Number of children born to mother, including present birth 2(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 11 A. M., on the date above stated. (Hour A. or P. M.)(23) (Signature) Lisbon Bung

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Furman

(26) Given name added from a supplemental report

(27) Witness

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

(28) Filed 3/6 23(29) W. F. Ellis

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.

THIS IS A PRELIMINARY RECORD. IT IS NOT TO BE USED AS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Bureau of Statistics, Columbia, S. C.