

Form No. 1

(1) PLACE OF BIRTH

County of DarlingtonTownship of Lanham

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

29874

Registration District No. 1508 Registered No.

(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.)

(2) Full Name of Child Henry Freeman If child is not yet named, make supplemental report as directed(3) SOY OR
GIRL(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplet

FATHER.

(8) FULL
NAMECarl Freeman(9) PRESENT
POSTOFFICE
OF FATHERLanham(10) COLOR
OR
RACEW(11) AGE AT LAST
BIRTHDAY39
(Years)

(12) BIRTHPLACE

Sc

(13) OCCUPATION

Farming(14) Number of children born to
mother, including present birth10

MOTHER.

(15) NAME BEFORE
MARRIAGEAddie Bell(16) PRESENT
POSTOFFICE
OF MOTHERLanham(17) COLOR
OR
RACEW(18) AGE AT LAST
BIRTHDAY40
(Years)

(19) BIRTHPLACE

Sc

(20) OCCUPATION

House duties(21) Number of children of this mother
now living, including present birth9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Miley Cooper(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Lanham ScGiven name added from a supplement-
tal report

(26) Witness

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

(27) Filed

Oct 2 11

(28)

R. J. Chaplin
Local RegistrarWhen 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.