

Form No. 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

91472

(1) PLACE OF BIRTH

County of Richmond

Township of

or

Inc. Town of

or

City of Columbia

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

Registration District No. 18a Registered No. 366

(For use of Local Registrar)

St. Ward

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

(2) Full Name of Child

Lophra Bailey

(3) BOY-OR-GIRL?

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH (Name of Month) (Day) (Year)

MOTHER.

(8) FULL NAME

Wrigg, W. Bailey

(9) PRESENT POSTOFFICE OF FATHER

Col

(10) COLOR OR RACE

Color

(11) AGE AT LAST BIRTHDAY (Years)

51

(12) BIRTHPLACE

Washington SC

(13) OCCUPATION

Clinton Iron Works

(14) NAME BEFORE MARRIAGE

Genieaux King

(15) PRESENT POSTOFFICE OF MOTHER

Col

(16) COLOR OR RACE

Color

(17) AGE AT LAST BIRTHDAY (Years)

31

(18) BIRTHPLACE

Washington S.C.

(19) OCCUPATION

House Keeping

(20) Number of children of this mother now living, including present birth

12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7:17 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Hester

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

1017 St

(26) Witness

Kanoe King

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

191

(28)

Local Registrar

Given name added from a supplemental report

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.