

Form No. 1

(1) PLACE OF BIRTH

County of York

Township of

or

Inc. Town of

or

City of Rockwell

(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

File No.—For State Registrar Only

20480

Registration District No. 4447Registered No. 111

(For use of Local Registrar)

(2) Full Name of Child L. B. Hall

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

3 BOY OR GIRL? <u>Boy</u>	4 Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	5 Number in order of birth	6 Are Parents Married? <u>Yes</u>	7 DATE OF BIRTH <u>May 11, 1924</u> (Name of Month) (Day) (Year)
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FATHER.

8 FULL NAME Levin Hall9 PRESENT POSTOFFICE OF FATHER Rockwell10 COLOR OR RACE Negro 11 AGE AT LAST BIRTHDAY 28
(Years)12 BIRTHPLACE S.C.13 OCCUPATION Laborer20 Number of children born to mother, including present birth 2

MOTHER.

14 NAME BEFORE MARRIAGE Bessie Hall15 PRESENT POSTOFFICE OF MOTHER Rockwell16 COLOR OR RACE Negro 17 AGE AT LAST BIRTHDAY 24
(Years)18 BIRTHPLACE S.C.19 OCCUPATION Laborer21 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha McLean

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 6/19 19 24 (28) J. McLean
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.

MARGIN RESERVED FOR BINDING

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.

MADE IN COLUMBIA, COLUMBIA, S. C.