

Form No. 1

## (1) PLACE OF BIRTH.

County of Fairfield

Township of .....

Inc. Town of No. 2

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3732

Registration District No. 1201 Registered No. 9

(For use of Local Registrar)

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

(2) Full Name of Child Edna Langhorne

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

3. BOY OR GIRL? <u>girl</u>	4. Twin or Triplet? To be answered only in event of Twin or Triplet	5. Number in order of birth	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>Jan 27, 1923</u> (Month) (Day) (Year)
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## FATHER.

8. FULL NAME Lawrence Langhorne9. PRESENT POSTOFFICE OF FATHER Woodward10. COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37 (Year)12. BIRTHPLACE S.C.

13. OCCUPATION

Farmer helper20. Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Mariah Langhorne(15) PRESENT POSTOFFICE OF MOTHER Woodward(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 32 (Year)(18) BIRTHPLACE S.C.

(19) OCCUPATION

Farmer helper(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was China at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. Foster

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Woodward S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 15, 1923 (28) W. O. Williams 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.