

Form No. 1

(1) PLACE OF BIRTH

County of Beaufort
 Township of Beaufort
 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

2961

Registration District No. Registered No. 15
 (For use of Local Registrar)

City of (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 Law Maine

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

(3) SEX Boy (4) Yes (5) Number in order of birth 1 (6) Yes (7) DATE OF BIRTH Feb 14 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Maine
 (9) PRESENT POSTOFFICE OF FATHER Yemassee
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Year)
 (12) BIRTHPLACE Beaufort S
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Hannah Lyles
 (15) PRESENT POSTOFFICE OF MOTHER Yemassee
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Year)
 (18) BIRTHPLACE Beaufort S
 (19) OCCUPATION House wife
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Rita Maine

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed (27) (28)

19 Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.