

Form No. 1

(1) PLACE OF BIRTH

County of Dorchester
Township of Edwards
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

3705

Registration District No. 1706 Registered No. 3
(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 Thomas Lidders If child is not yet named, make supplemental report as directed

1. BOY OR GIRL? <u>Boy</u>	4. Twin or Triplet? <u>X</u> To be answered only in case of Twins or Triplets	5. Number in order of birth <u>1</u>	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>Feb 25, 1943</u> (Name of Month) (Day) (Year)
FATHER.				MOTHER.
8. FULL NAME <u>Thomas Lidders</u>				(14) NAME OF MOTHER <u>Thomas Lidders</u>
9. PRESENT POSTOFFICE OF FATHER <u>Edwards</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Edwards</u>
10. COLOR OR RACE <u>Colored</u>				(16) COLOR OR RACE <u>Colored</u>
11. AGE AT LAST BIRTHDAY <u>49</u> (Years)				(17) AGE AT LAST BIRTHDAY <u>47</u> (Years)
12. BIRTHPLACE <u>Edwards</u>				(18) BIRTHPLACE <u>Edwards</u>
13. OCCUPATION <u>Trimmer</u>				(19) OCCUPATION <u>Trimmer</u>
20. Number of children born to mother, including present birth <u>15</u>				(21) Number of children of this mother now living, including present birth <u>10</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Thomas Lidders
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Edwards

Given name added from a supplemental report

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

(27) Filed Feb 25, 1943 (28) Local Registrar

If 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.