

Form No. 1

(1) PLACE OF BIRTH

County of Lexington S.C.
 Township of Buffalo
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. - For State Registrar

14540

Registration District No. 7.R.O. Registered No. 27
 (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 Walter David Lion If child is not yet named, make supplemental report as directed

(3) SEX OR GEAR boy (4) Type of Tissue To be determined by test of Tissue or Tissue (5) Are Parents Married yes (6) DATE OF BIRTH July 21, 20
 (Name of Year) (Day) (Year)

FATHER
 (7) FULL NAME William Edmund Lion
 (8) PRESENT POSTOFFICE OF FATHER Lexington S.C.
 (9) COLOR OR RACE white (10) AGE AT LAST BIRTHDAY 46
 (Year) (11) BIRTHPLACE N.C.
 (12) OCCUPATION Farming
 (13) Number of children born to mother, including present birth 14 (including 12)

MOTHER
 (14) NAME BEFORE MARRIAGE Mary Lucinda Harris
 (15) PRESENT POSTOFFICE OF MOTHER Lexington S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38
 (Year) (18) BIRTHPLACE N.C.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth Twine (9)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) E. J. Brown (23) Address of Physician or Midwife midwife Lexington S.C.

Given name added from a supplemental report

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

(25) Filed 19 (26) (Signature of Registrar) J. M. ...

"When there was no attending physician or midwife, then the father, husband, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. A report is desired of stillbirths before the fifth month of pregnancy."