

Form No. 1

(1) PLACE OF BIRTH

County of DeLeon
 Township of Katy
 or
 Inc. Town of Lake
 or
 City of Lake

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

File No. For State Registrar Only
42107

Registration District No. 1604 Registered No. 18
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) <u>Boy</u> SEX GIRL	(4) <u> </u> Twin or Triplet? To be answered only in event of Twins or Triplets	(5) <u> </u> Number in order of birth	(6) <u> </u> Are Parents Married?	(7) DATE OF BIRTH <u>12/19/22</u> (Name of Month) (Day) (Year)
FATHER. (8) FULL NAME <u>Andrew Perren</u> (9) PRESENT POSTOFFICE OF FATHER <u>Lake</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>30</u> (12) BIRTHPLACE <u>Sc.</u> (13) OCCUPATION <u>Farm</u> (20) Number of children born to mother, including present birth <u>14</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Minnie Kearney</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Sc.</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>28</u> (18) BIRTHPLACE <u>Sc.</u> (19) OCCUPATION <u>Domest</u> (21) Number of children of this mother now living, including present birth <u>14</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:45 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Rosa Goodree
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lake, Sc.

Given name added from a supplemental report

(26) Witness W. L. Rogers
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1/9/23 (28) W. L. Rogers
 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.

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.