

Form No. 1

(1) PLACE OF BIRTH

County of Millen
 Township of Warleville
 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

42083

Registration District No. 1602 Registered No. 1493
 (For use of Local Registrar)

(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 Lizzie Jane Betha

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Dec 21 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bird Cening
 (9) PRESENT POSTOFFICE OF FATHER Clio Sc
 (10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 24
 (12) BIRTHPLACE Sc
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth Four

MOTHER.

(14) NAME BEFORE MARRIAGE Ellie Betha
 (15) PRESENT POSTOFFICE OF MOTHER Clio Sc
 (16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 39
 (18) BIRTHPLACE Sc
 (19) OCCUPATION Farmer work
 (21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:45 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harriet Moore
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Clio Sc R 1

Given name added from a supplemental report

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

(27) Filed Jan 1 1923 (28) B. F. Hardy
 Registrar 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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.