

Form No. 1

(1) PLACE OF BIRTH

County of Lexington

Township of

or
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3109

File No. - For State Registrar Only

21782

Registered No. 75-

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

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

3. BOY OR GIRL

Boy

4. Twin or Triplet

To be answered only in event of Twin or Triplet

5. Number in order of birth

6. Are Parents Married

yes

7. DATE OF BIRTH

July 24, 23
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

Jeff Sims

9. PRESENT POSTOFFICE OF FATHER

Lexington SC

10. COLOR OR RACE

white

11. AGE AT LAST BIRTHDAY

35-
(Year)

12. BIRTHPLACE

Lex. Co.

13. OCCUPATION

Self-emp.

MOTHER.

14. NAME BEFORE MARRIAGE

Anna Berry

15. PRESENT POSTOFFICE OF MOTHER

Lexington SC

16. COLOR OR RACE

white

17. AGE AT LAST BIRTHDAY

30-
(Year)

18. BIRTHPLACE

Lex. Co.

19. OCCUPATION

Domestic

20. Number of children born to mother, including present birth

1 3

21. Number of children of this mother now living, including present birth

1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was on the date above stated.

born alive or stillborn (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Aug 9, 1923

(28)

Mrs. C. E. Taylor

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.