

Form No. 1

(1) PLACE OF BIRTH

County of SpartanburgTownship of Prudenceor
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. 4105 Registered No. 29

(For use of Local Registrar)

(2) Full Name of Child Hattie Lorie If child is not yet named, make supplemental report as directed

| | | | | |
|------------------------------|---|---------------------------------|---|--|
| 3 SEX OR GIRL <u>girl</u> | (4) Twin or Triplet To be answered only in event of Twin or Triplet | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>April 4th 1923</u> (Name of Month) (Day) (Year) |
|------------------------------|---|---------------------------------|---|--|

FATHER.

8 FULL NAME William Lorie9 PRESENT POSTOFFICE OF FATHER Darrell S.C.10 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Year)12 BIRTHPLACE Ill.13 OCCUPATION Farm Laborer14 Number of children born to mother, including present birth 1 13

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Haynes(15) PRESENT POSTOFFICE OF MOTHER Darrell S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Year)(18) BIRTHPLACE Ill.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 6-2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Effie L. Wilson (23) Address of Physn. or Midwife Prudence, S.C.(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(25) Witness Effie L. Wilson (Signature of Witness necessary only when question 23 is signed by mark)(26) Filed April 10th 1923 (27) Local Registrar Effie L. Wilson

19 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.