Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
42515

(1) PLACE OF BIRTH

County of Georgetown

Township of ..... or Inc. Town of ..... or City of #3

Registration District No. 202 Registered No. 70
(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 Mary Lee Capers (If child is not yet named, make supplemental report as directed)

(3) BOY or GIRL: Girl | (4) Twin or Triplet? | (5) Number in order of birth: 7 | (6) Are Parents Married? Yes | (7) DATE OF BIRTH: May 26 1920 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

(8) FULL NAME: Ezekiel Capers

(9) PRESENT POSTOFFICE OF FATHER: Georgetown S.C.

(10) COLOR OR RACE: Colored

(11) AGE AT LAST BIRTHDAY: 44 (Years)

(12) BIRTHPLACE: Farmer

(13) OCCUPATION: S.C.

(20) Number of children born to mother, including present birth: (Seven) (7)

MOTHER

(14) NAME BEFORE MARRIAGE: Alice Johnson

(15) PRESENT POSTOFFICE OF MOTHER: Georgetown S.C.

(16) COLOR OR RACE: Colored

(17) AGE AT LAST BIRTHDAY: 39 (Years)

(18) BIRTHPLACE: Georgetown S.C.

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living, including present birth: (Seven) (7)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Midwife

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Henry Weyand St.

Given name added from a supplemental report ..... 19 .... Registrar

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

(27) Filed Dec 19 20 Mrs. R. L. Ervin 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.

Penalty of $100 for wilful violation of "AN ACT TO PROVIDE FOR THE REGISTRATION OF BIRTHS AND DEATHS IN THE STATE OF SOUTH CAROLINA, AND TO PRESCRIBE PENALTIES FOR THE VIOLATION THEREOF," No. 1, 1915 STATUTES, No. 2, etc., in question 6.