

Form No. 1

(1) PLACE OF BIRTH

County of LehighTownship of LehighInc. Town of LehighCity of Lehigh

(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. 110V Registered No. 75

File No.—For State Registrar Only

17142

(2) Full Name of Child David Lee Kitchen If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be covered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 23, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>David Kitchen</u>			(14) NAME BEFORE MARRIAGE <u>William C. Williams</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lehigh</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lehigh</u>	
(10) COLOR OR RACE <u>Caucasian</u>			(16) COLOR OR RACE <u>Caucasian</u>	
(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>4</u> (Years)	
(12) BIRTHPLACE <u>Lehigh Co.</u>			(18) BIRTHPLACE <u>Lehigh Co.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic wife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) T. H. Smith (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lehigh

(Given name added from a supplemental report)

(26) Witness John Smith

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

(27) Filed July 10, 1923 (28) John Smith 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.