

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(No. St.; Ward)
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

File No.—For State Registrar Only

29880

Registration District No. 1376

Registered No. 83
(For use of Local Registrar)

(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 Twins or Triplets

5) Number in order of birth

1

6) Are Parents Married?

Yes

7) DATE OF BIRTH

(Name) (Month) (Day) (Year)

Sept 13 22

8) FULL NAME

Lewis Harris

9) PRESENT POSTOFFICE OF FATHER

Lamar & Co.

10) COLOR OR RACE

Blk

11) AGE AT LAST BIRTHDAY

28
(Years)

12) BIRTHPLACE

S.C.

13) OCCUPATION

Farmer

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

Five

14) NAME BEFORE MARRIAGE

Lillie Jacobs

15) PRESENT POSTOFFICE OF MOTHER

Lamar & Co.

16) COLOR OR RACE

Blk

17) AGE AT LAST BIRTHDAY

26
(Years)

18) BIRTHPLACE

S.C.

19) OCCUPATION

Housewife

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

Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 8 h at 8 h M., 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 27 is signed by mark)

(27) Filed

1922

(28)

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.