

Form No. 1

## (1) PLACE OF BIRTH

County of Hampton  
 Township of Lyttleton  
 or  
 Inc. Town of Scotia  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42914

Registration District No. W.D. 1Registered No. 117  
(For use of Local Registrar)

City of ..... (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 Person Housley

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Dec 15 22  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME P. Housley  
 (9) PRESENT POSTOFFICE OF FATHER Scotia  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 45  
 (Years)  
 (12) BIRTHPLACE Sc  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 6

MOTHER.  
 (14) NAME BEFORE MARRIAGE Lula Housley  
 (15) PRESENT POSTOFFICE OF MOTHER Scotia  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 38  
 (Years)  
 (18) BIRTHPLACE Sc  
 (19) OCCUPATION Farm Laborer  
 (21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Dr. W. E. Ellis  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Scotia, S.C.

Given name added from a supplemental report

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

(27) Filed 12/15/22 (28) W. E. Ellis 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.