

Form No. 1

(1) PLACE OF BIRTH

County of LeeTownship of St. Charles

or

Inc. Town of.....

or

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

File No.—For State Registrar Only

43421

Registration District No. 3007 Registered No. 72
(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? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH. <u>Nov 15 22</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Frankson</u>	(14) NAME BEFORE MARRIAGE <u>Betha McLaughlin</u>	(15) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER <u>St Charles</u>
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY..... (Years)	(16) COLOR OR RACE <u>C</u>	(17) AGE AT LAST BIRTHDAY..... (Years)
(12) BIRTHPLACE		(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION		(19) OCCUPATION <u>Labourer</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 alive at 6:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Paul L. Cherry
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St Charles

Given name added from a supplemental report

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

(27) Filed Dec 27 22 (28) Paul L. Cherry 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.