

Form No 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

49765

County of LeeTownship of St. James

Inc. Town of

City of

Registration District No. 3000Registered No. 10

(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child

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 3(6) Are Parents Married? yes(7) DATE BIRTH Jan 22 1906

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Nosier Maurice

(9) PRESENT POSTOFFICE OF FATHER

Norwich S. R. 2

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE

Lee Co

(13) OCCUPATION

Farmer

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Sarah Shuman

(15) PRESENT POSTOFFICE OF MOTHER

Norwich S. R. 2

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE

Lee Co

(19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

Wm. P. Beasley

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Bishopville R. 6

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed 2/29 1906

(28)

C. H. Platt

Local Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, N. 1. THE OTHER, N. 2, etc., in question 5.

Saw, of Columbia.

*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.