

Form No. 1

(1) PLACE OF BIRTH

County of Beaufort
 Township of St. Helena
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
17654

Registration District No. 604 Registered No. 80
 (For use of Local Registrar)

(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 Lucille Black

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? Yes 7 DATE OF BIRTH June 4, 1922
 (To be answered only in event of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Ezekiel Black
 9 PRESENT POSTOFFICE OF FATHER Frogmore D.C.
 10 COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40
 (Years)
 12 BIRTHPLACE South Carolina
 13 OCCUPATION Farmer

MOTHER.

14 NAME BEFORE MARRIAGE Isabel Cardener
 15 PRESENT POSTOFFICE OF MOTHER Frogmore D.C.
 16 COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29
 (Years)
 18 BIRTHPLACE South Carolina
 19 OCCUPATION Farmer

20 Number of children born to mother, including present birth 5

(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 at 1:00 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Larsie Trazier K Frogmore S.C.
 (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 23 is signed by mark)

(27) Filed June 6 19 22 (28) J. B. Thomas
 Registrar 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.