

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

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.)

(2) Full Name of Child *J. B. Osborn Jr.*

File No.—For State Registrar Only

40393

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *4310*Registered No. *35*  
(For use of Local Registrar)

St.; ..... Ward)

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

(3) BOY OR  
GIRL(4) Twin  
or Triplet?(5) Number in  
order of birth *1*(6) Are  
Parents  
Married? *yes*

(7) DATE OF

BIRTH *Oct 12 22*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME*Jessie Osborn*(9) PRESENT  
POSTOFFICE  
OF FATHER*Lake City SC*(10) COLOR  
OR  
RACE*white*(11) AGE AT LAST  
BIRTHDAY*4.0*  
(Years)

(12) BIRTHPLACE

*SC*

(13) OCCUPATION

*Farmer*(20) Number of children born to  
mother, including present birth*5*

## MOTHER.

(14) NAME BEFORE  
MARRIAGE*Leola Floyd*(15) PRESENT  
POSTOFFICE  
OF MOTHER*Lake City*(16) COLOR  
OR  
RACE*white*(17) AGE AT LAST  
BIRTHDAY*25*  
(Years)

(18) BIRTHPLACE

*SC*

(19) OCCUPATION

*Housewife*(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 *alive* ..... at ..... *7* M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Dr. R. M. Moore*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Lake City SC*Given name added from a supplement-  
tal report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed *Oct 10 22*(28) *Mrs. W. A. Fitch*

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.