(1) PLACE OF BIRTH

County of Lancaster S.

Township of .....

or

Inc. Town of Lancaster

or

City of .....

CERTIFICATE OF BIRTH

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

Registration District No. 284

File No.—For State Registrar Only
43128

Registered No. 79
(For use of Local Registrar)

(No. ..... St. Main 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 Howard Price

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
Boy	one		yes	12-31		22

FATHER.

(8) FULL NAME: John Price

(9) PRESENT POSTOFFICE OF FATHER: Lancaster Hotel

(10) COLOR OR RACE: Colored

(11) AGE AT LAST BIRTHDAY: 4 days old (Years)

(12) BIRTHPLACE: at Home

(13) OCCUPATION: Laundress

(20) Number of children born to mother, including present birth: 1 and child

MOTHER.

(14) NAME BEFORE MARRIAGE: Lila Blackmon

(15) PRESENT POSTOFFICE OF MOTHER: Heath Mark

(16) COLOR OR RACE: Colored

(17) AGE AT LAST BIRTHDAY: 4 yrs (Years)

(18) BIRTHPLACE: [redacted]

(19) OCCUPATION: Hotel

(21) Number of children of this mother now living, including present birth: 1 and

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Still alive

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lancaster Sc

Given name added from a supplemental report

(26) Witness ..... front and Main St

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

..... 19..

Registrar

(27) Filed ..... 19 ... (28) ..... 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.

BUREAU OF COLUMBIA, COLUMBIA, S. C.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.