

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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only

5882

Registered No.

(For use of Local Registrar)

## (2) Full Name of Child

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

No

(7) DATE OF BIRTH

Mar 25 23

(Name) (Month) (Day) (Year)

(8) FULL NAME

Lorzi Massey

(9) PRESENT POSTOFFICE OF FATHER

Anderson Co.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Anderson Co.

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Melita J. Brown

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg Co.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Anderson Co.

(19) OCCUPATION

Farmer

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

1

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature)

Lannie Shufert

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Spartanburg Co.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Apr 23 1923

(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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.