

Form No. 1

(1) PLACE OF BIRTH

County of LEXINGTONTownship of WILLIAMSWORTH

OF

Inc. Town of

OF

(City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

21770

Registration District No. 8103 Registered No.
(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 Samuel Maryann Poole 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 25 1923
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Ben Poole</u>	(14) NAME BEFORE MARRIAGE <u>Lizzie Barrs</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Swansea S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Swansea S.C.</u>
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)
(12) BIRTHPLACE <u>Orangeburg County</u>	(18) BIRTHPLACE <u>Lexington County</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>Three</u>	(21) Number of children of this mother now living, including present birth <u>Seven</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 3:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. B. Edwards (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Swansea, S.C.

Given name added from a supplemental report

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

(27) Filed July 28 1923 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.