

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

21752

County of LeeTownship of St. Louis Bridge

Inc. Town of

City of

Registration District No. 3008Registered No. 34
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lellie Price

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

(3) BOY OR GIRL Girl(4) Twin or Triplet
To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes(7) DATE OF BIRTH July 30 1923

(Month) (Day) (Year)

FATHER.

(8) FULL NAME Don't know

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 16
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Laudis Price(15) PRESENT POSTOFFICE OF MOTHER # 5 Bishopville SC(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 16
(Years)(18) BIRTHPLACE Lee Co. S.C.(19) OCCUPATION Domestic(20) 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 Lellie Price at 9 P. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Mary B. B. B.(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Bible # 6

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 30 1923(28) R. M. J. J.

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.