

Form No. 1

(1) PLACE OF BIRTH

County of Colleton
 Township of Meridian
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
41881

Registration District No. 1409 Registered No. 79
 (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 Lottie Cleation If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 30, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME L. Cleation
 (9) PRESENT POSTOFFICE OF FATHER Walterboro S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY..... (Years)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Annanda Lott
 (15) PRESENT POSTOFFICE OF MOTHER Walterboro S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY..... (Years)
 (18) BIRTHPLACE SC
 (19) OCCUPATION Housewife
 (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 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eliza B. B. B.(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Walterboro 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 Jan 7, 1923 (28) Miss Hannah Padyell 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.

WHEN PLAINLY WITH UNPAID INC.—THIS IS A SPECIAL CASE. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5. REG. OF COLUMBIA, COLUMBIA, S. C.