

Form No. 1

(1) PLACE OF BIRTH

County of WestfieldTownship of Logan

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

25483

Registration District No. 12.05Registered No. 28

(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 not named

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

3) BOY OR GIRL?

4) Twin or Triplet?

5) Number in order of birth
To be answered only in event of Twins or Triplets6) Are Parents Married? yes

7) DATE OF

BIRTH May 4, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME W. L. L.9) PRESENT POSTOFFICE OF FATHER W. L. L.10) COLOR OR RACE White12) BIRTHPLACE L.C.13) OCCUPATION Farmer20) Number of children born to mother, including present birth 411) AGE AT LAST BIRTHDAY 25
(Years)

MOTHER.

(14) NAME BEFORE MARRIAGE Lacie L. L.(15) PRESENT POSTOFFICE OF MOTHER W. L. L.(16) COLOR OR RACE White(18) BIRTHPLACE L.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4(17) AGE AT LAST BIRTHDAY 23
(Years)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ...
on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) G. B. Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife W. L. L.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28)

G. B. Brown
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.