

Form No. 1

## (1) PLACE OF BIRTH

County of EdgefieldTownship of Walter

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. 1826

File No. - For State Registrar Only

28156

Registered No. ....  
(For use of Local Registrar)(2) Full Name of Child Stacy Lane

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet <u>-</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>-</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 23</u> (Name of Month) (Day) (Year)
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## FATHER

(8) FULL NAME Dave Lane(9) PRESENT POSTOFFICE OF FATHER Edgefield(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Year)(12) BIRTHPLACE Collier(13) OCCUPATION Teacher

## MOTHER

(14) NAME BEFORE MARRIAGE Lucy Lane(15) PRESENT POSTOFFICE OF MOTHER Edgefield(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Year)

(18) BIRTHPLACE

(19) OCCUPATION

(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 ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness [Signature]  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 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.