Form No 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
42282

(1) PLACE OF BIRTH
County of Clarendon
Township of Concord
or
Inc. Town of ..... Registration District No. 1312 Registered No. 51
or (For use of Local Reistrar)
City of ..... (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 Henrietta Delaney { 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 — To be answered only in event of Twins or Triplets | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Dec. (Name of Month) 11 (Day) 1915 (Year)

FATHER.	MOTHER.
(8) FULL NAME Luther Delaney	(14) NAME BEFORE MARRIAGE Statesburgh Nelson
(9) PRESENT POSTOFFICE OF FATHER Davis Station S.C.	(15) PRESENT POSTOFFICE OF MOTHER Davis Sta S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Clarendon Co S.C.	(18) BIRTHPLACE Davis Station S.C.
(13) OCCUPATION Farmer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 1 two	(21) Number of children of this mother now living, including present birth 1 two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 P M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Lucy X Lindsy

(24) State whether Physician or Midwife Midwife | (25) Address of Physician or Midwife Davis Sta S.C.

Given name added from a supplemental report
....., 191....
..... Registrar

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

(27) Filed Dec. 19 1915. (28) R. E. Broadway M.D. 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
Law of Columbia.