Form No. 1.

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
15118

(1) PLACE OF BIRTH

County of Lexington

Township of Cayce

or

Inc. Town of Cayce S.S. Registration District No. 3105 Registered No. 10
(For use of Local Registrar)

or

City of ..... (No. Goff ..... 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 "P.M." Geiger — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? ✓ (5) Number in order of birth ✓
To be answered only in event of Twins or Triplets

(6) Are Parents Married? No

(7) DATE OF BIRTH June 26, 1915
(Name of Month) (Day) (Year)

| FATHER. | MOTHER. |
|---|---|
| (8) FULL NAME P.M. Geiger | (14) NAME BEFORE MARRIAGE Annie Goff |
| (9) PRESENT POSTOFFICE OF FATHER Cayce S.C. | (15) PRESENT POSTOFFICE OF MOTHER Cayce S.C. |
| (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY ..... (Years) | (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years) |
| (12) BIRTHPLACE S.C. | (18) BIRTHPLACE S.C. |
| (13) OCCUPATION Works at Grocery Mill | (19) OCCUPATION "Works out" |
| (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 born alive at 10.30 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lucinda Lewis her X mark

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Navy Yard Camp S.C.

Given name added from a supplemental report

....., 191....

.....
Registrar

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

(27) Filed Feb. 17, 1915 (28) J. C. Lybrand
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.

McCaw, of Columbia.