

Form No 1.

(1) PLACE OF BIRTH

County of Christchurch  
 Township of Old Store  
 or  
 Inc. Town of Pageland S.C.  
 or  
 City of .....

**CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only  
**45834**

Registration District No. 1266 Registered No. 15  
 (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 ..... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?  BOY  GIRL  
 (4) Twin or Triplet?  No  Yes  
In be answered only in case of twins or triplets  
 (5) Number in order of birth 5<sup>th</sup>  
 (6) Are Parents Married?  Yes  No  
 (7) DATE OF BIRTH Jan, 12, 1911  
(Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Leah Robinson  
 (9) PRESENT POSTOFFICE OF FATHER Pageland S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39  
(Years)  
 (12) BIRTHPLACE Old Store  
 (13) OCCUPATION Cotton weaver  
 (20) Number of children born to mother, including present birth 5

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Lillian Evans  
 (15) PRESENT POSTOFFICE OF MOTHER Pageland S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38  
(Years)  
 (18) BIRTHPLACE Old Store  
 (19) OCCUPATION House Keeping  
 (21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 10 .....  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. E. ...  
 (24) State whether Physician or Midwife  Physician  Midwife  
 (25) Address of Physician or Midwife Marion N. ...

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 2-10-1911 (28) R. C. ...  
 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.