

Form No. 1

## (1) PLACE OF BIRTH

County of FairfieldTownship of 15Inc. Town of orCity of or

(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

File No.—For State Registrar Only

46157

Registration District No. 1914 Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child Helen Tobie { If child is not yet named, make supplemental report as directed

(3) <del>Boy or</del> GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of twins or triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 16</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.		MOTHER.	
(8) FULL NAME <u>Carries Tobe</u>	(14) NAME BEFORE MARRIAGE <u>Jon Morgan</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Dawkin St</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Dawkin St</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> (Years)
(12) BIRTHPLACE <u>McBry G St</u>	(18) BIRTHPLACE <u>Fairfield Co</u>	(19) OCCUPATION <u>Jan Laborer</u>	(20) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>One</u>	(21) Number of children of this mother now living, including present birth <u>One</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna Lyles Midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife Monticello StGiven name added from a supplement  
reportJune 28, 1916CorneliusSuper Registrar(26) Witness (Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Jan 16, 1916 (28) J A Scott

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.

WHEN FATHER, WHEN UNDAVING 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 N. No. 1. THE OTHER N. No. 2, etc., in question 5.

McGraw, of Columbia.