

Form No. 1

(1) PLACE OF BIRTH
County of Garfield
Township of 7
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

File No.—For State Registrar Only
64227

Registration District No. 1907 Registered No. 440
(For use of Local Registrar)
St.: Ward:

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

(3) BOY OR GIRL <u>Boy</u>	(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>July 8</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.
(8) FULL NAME Lewis Cuffey
(9) PRESENT POSTOFFICE OF FATHER Ridgeway, S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Charlotte N.C.
(13) OCCUPATION

MOTHER.
(14) NAME BEFORE MARRIAGE Carrie Pagau
(15) PRESENT POSTOFFICE OF MOTHER Ridgeway, S.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Garfield Co.
(19) OCCUPATION house cleaning

(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 alive, at 4 P.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charlotte Brown
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ridgeway, S.C.

Given name added from a supplemental report

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

(27) Filed July 22 1916. (28) J. C. Campbell 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, WITH WRITING INK—THIS IS A PERMANENT RECORD—IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND NUMBER THE FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5.