

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 make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

Form No. 1

(1) PLACE OF BIRTH
County of Chester
Township of Halethorpe
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
76259

Registration District No. 1104 Registered No. 38
(For use of Local Registrar)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 22, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Archib Franklin
(9) PRESENT POSTOFFICE OF FATHER Chester Route 2
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Chester Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Louisa Hough
(15) PRESENT POSTOFFICE OF MOTHER Chester St. R #2
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Chester Co
(19) OCCUPATION Housewife
(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 12 M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charles Bright
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Chester R #2

Given name added from a supplemental report

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

(27) Filed Sept. 6, 1916 (28) W. T. McDaniel
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.