

FORM NO. 1

(1) PLACE OF BIRTH

County of *Anderson*Township of *Fork*

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

71265

Only

Registration District No. *205*Registered No. *790*

(For use of Local Registrar)

Registrar

Ward

make  
ected

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. *Emeline Lee*

{ If child is not yet named, make supplemental report as directed.

(3) ~~Is~~  
GIRL?(4) Twin  
or Triplet?

Is so answered only in event of Twins or Triplets

(5) Number in  
order of birth(6) Are  
Parents  
Married? *Yes*

(7) DATE OF

BIRTH *Aug. 14*

(Name of Month) (Day) (Year)

191-16  
(Year)

## FATHER.

(7) FULL  
NAME(5) PRESENT  
POSTOFFICE  
OF FATHER(6) COLOR *Black*  
OR  
RACE *negro*

(11) AGE AT LAST

BIRTHDAY

*22*

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to  
mother, including present birth*4*

## MOTHER.

(14) NAME BEFORE  
MARRIAGE(15) PRESENT  
POSTOFFICE  
OF MOTHER(16) COLOR *Black*  
OR  
RACE *negro*

(17) AGE AT LAST

BIRTHDAY

*22*

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(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 o'clock* *A.M.*  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *George Amos Singleton*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
tal report

191-16

Registrar

(26) Witness

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

(27) Filed

*Sep 4 1916*(28) *W. H. McClair*

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.