

Form No. 1

(1) PLACE OF BIRTH

County of Union
Township of Pineknob
Inc. Town of
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

79598

Registration District No. 420 Registered No. 69
(For use of Local Registrar)

(2) Full Name of Child

Willie May John Son

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

(3) BOY OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Sept 11 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME William Peter

(14) NAME BEFORE MARRIAGE Anna Johnson

(9) PRESENT POSTOFFICE OF FATHER Ketton

(15) PRESENT POSTOFFICE OF MOTHER Ketton R.F. # 2

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 40 (Years)

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Union S.C.

(18) BIRTHPLACE Union S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 14

(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was living at 9 am A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Calvine Hughes (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report

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

191 1916
Registrar

(27) Filed Sept 2 1916 (28) D. G. Galbraith 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.