

Form No. 1

(1) PLACE OF BIRTH

County of UnionTownship of Pinkney

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 William May John Son If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Sept 11 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME William Peter(9) PRESENT POSTOFFICE OF FATHER Ketton(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Union S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Johnson(15) PRESENT POSTOFFICE OF MOTHER Ketton R.F.D. #2(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 40 (Years)(18) BIRTHPLACE Union S.C.(19) OCCUPATION Farmer(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 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Caline Hughes(24) State whether Physician or Midwife (25) Address of Physician or Midwife R.F.D. #1

Given name added from a supplemental report

(26) Witness

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

Registrar

(27) Filed Sept 2 1916

(28)

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.