

Form No. 1.

(1) PLACE OF BIRTH

County of Beaufort
Township of Beaufort

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

40159

Registration District No. 600

Registered No. 64770

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child Ellowise Joiner

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

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH 1. 29. 16
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Peter Joiner

(9) PRESENT POSTOFFICE OF FATHER Port Royal, S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE Beaufort County

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Virginia Joiner

(15) PRESENT POSTOFFICE OF MOTHER Port Royal, S.C.

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

(18) BIRTHPLACE Beaufort County

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alice at 9:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alice X Jones

(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

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Registrar

(26) Witness A. B. Cape
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 2. 2. 1916 (28) M. B. Cape 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.

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 mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McDaw, of Columbia.