

Form No. 1.

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

File No.—For State Registrar Only
~~92386~~ 92386

(1) PLACE OF BIRTH
County of Beaufort
Township of Beaufort
or
Inc. Town of

Registration District No. 600 Registered No. 1326
(For use of Local Registrar)
St.: Ward)
City of (No.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Delia Majar } 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 (6) Are Parents Married? no (7) DATE OF BIRTH June 27, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME I don't know
(9) PRESENT POSTOFFICE OF FATHER DK
(10) COLOR OR RACE DK (11) AGE AT LAST BIRTHDAY DK (Years)
(12) BIRTHPLACE DK
(13) OCCUPATION DK
(20) Number of children born to mother, including present birth } 2

MOTHER.
(14) NAME BEFORE MARRIAGE Delia Majar
(15) PRESENT POSTOFFICE OF MOTHER Paris Island
(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE Paris Island
(19) OCCUPATION James
(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 at M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Emma Harry
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Paris Island

Given name added from a supplemental report
..... 191.....
.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Wm Davis
(27) Filed March 1917 (28) Wm Davis Local Registrar

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.

*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.