

Form No. 1.

(1) PLACE OF BIRTH

County of BeaufortTownship of Beaufortor
Inc. Town ofor
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

92386Registration District No. 600Registered No. 1326

(For use of Local Registrar)

St.: Ward)

(No.)

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

(2) Full Name of Child

Delia Majar

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(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

D/K

(10) COLOR OR RACE

D/K

(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

Farmer

(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 Garry

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeParis Island

Given name added from a supplemental report

(26) Witness

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

(27) Filed March 1917(28) W. M. Davis
Local Registrar

Registrar

*When there was no attending physician or midwife, 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.

McClaw, of Columbia.