

Form No 1.

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

3

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Mar. 3

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Joseph Brown

(9) PRESENT POSTOFFICE OF FATHER

Leslie S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Omega Roddy

(15) PRESENT POSTOFFICE OF MOTHER

Leslie S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

25

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Becky Anderson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Rock Hill S.C.

Given name added from a supplemental report

..... 1st.....

..... Registrar

(26) Witness

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

(27) Filed

4/8

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.

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.
Clav. of Columbia

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

54172

or

or

Registration District No.

4404

Registered No.

35

(For use of Local Registrar)

(No.)

St.;

Ward)

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