

FORM NO. 1.

(1) PLACE OF BIRTH

County of Fairfield
Township of 12or
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

64248

Registration District No. 1911 Registered No. 34
(For use of Local Registrar)(2) Full Name of Child Emma Boyd If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH June 15, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Fred Jackson(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Work on Railroad(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Boyd(15) PRESENT POSTOFFICE OF MOTHER Winneshere(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Fairfield S.C.(19) OCCUPATION House Work(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. R. Alderson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Winneshere S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed June 15, 1916 (28) W. R. Alderson 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 3.

McCaw, of Columbia