

Form No. 1

## (1) PLACE OF BIRTH

County of BeaufortTownship of St. Helenaor  
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

84443

Registration District No. 604Registered No. 168

(For use of Local Registrar)

## (2) Full Name of Child

No Name

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

(3) BOY OR  
GIRL(4) Twin  
or Triplet?(5) Number in  
order of birth

To be answered only in case of Twins or Triplets

(6) Are No  
Parents  
Married?(7) DATE OF  
BIRTHNov 6, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMEWalt Know(9) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RACE(11) AGE AT LAST  
BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE  
MARRIAGEBina Pope(15) PRESENT  
POSTOFFICE  
OF MOTHERGroynes SC(16) COLOR  
OR  
RACEChero(17) AGE AT LAST  
BIRTHDAY23

(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Farmer(21) Number of children of this mother  
now living, including present birth1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 a M.,  
on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)(23) (Signature) Indie

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

IndieGroynes SCGiven name added from a supplement-  
tal report

....., 191.....

.....  
Registrar

(26) Witness

(Signature of Witness necessary only  
when question 28 is signed by mark)(27) Filed Nov 7, 1916(28) West Crocker

Local Registrar

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark as FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Caw. of Columbia

\*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.