

Form No 1.

(1) PLACE OF BIRTH

County of York

Township of

Inc. Town ofCity of Rock Hill (No. St.; Ward)

(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

47704

Registration District No. 44B Registered No. 151

(For use of Local Registrar)

(2) Full Name of Child Net Choats { 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? yes (7) DATE OF BIRTH Jan 26 1916

To be answered only in event of Twins or triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Choats(9) PRESENT POSTOFFICE OF FATHER Rock Hill SC.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE SC.(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Nettie Springs(15) PRESENT POSTOFFICE OF MOTHER Rock Hill SC.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE SC.(19) OCCUPATION Laborer(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

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

Midwife

Given name added from a supplemental report

..... 181.....

..... Registrar

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

(27) Filed 1/29 1816 (28) J. R. M. M. 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 5.
Saw, of Columbia