

Form No. 1

(1) PLACE OF BIRTH

County of Marlboro

Township of Bennettsville

or Inc. Town of Bennettsville

or City of Bennettsville

(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

49855

Registration District No. 33-A

Registered No. 18

(For use of Local Registrar)

Sl.: 18 Ward

(2) Full Name of Child John G. Poir Jr

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? No

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb 7 1916

FATHER

(8) FULL NAME John Poir

(9) PRESENT POSTOFFICE OF FATHER Bennettsville SC

(10) COLOR OR RACE negro

(11) AGE AT LAST BIRTHDAY 18 (Years)

(12) BIRTHPLACE Marlboro Co SC

(13) OCCUPATION Farm Labor

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

MOTHER

(14) NAME BEFORE MARRIAGE Bessie McKay

(15) PRESENT POSTOFFICE OF MOTHER Bennettsville SC

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Marlboro Co SC

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Willie Good

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

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 Feb 5 1916 (28) W. W. Tate 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. E.—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.

McGaw, of Columbia.