

Form No. 1

(1) PLACE OF BIRTH

County of Lee
Township of Stokes Bridge
or
Inc. Town of
or
City of (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

90750

Registration District No. 2008 Registered No. 85
(For use of Local Registrar)

(2) Full Name of Child..... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 14, 1916
Take answered only in event of twins or triplets. (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Henry Thomas
(9) PRESENT POSTOFFICE OF FATHER Hartsville, S.C. RD
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE Darlington Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Lighty
(15) PRESENT POSTOFFICE OF MOTHER Hartsville, S.C. RD
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35 (Years)
(18) BIRTHPLACE Lee Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:30 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura Mack
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Hartsville, S.C.

Given name added from a supplemental report 101.....
.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 12/16/16 (28) C.H. Pace 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.

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