Form No. 1.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
45910

(1) PLACE OF BIRTH

County of Caroline

Township of Heyward

or

Inc. Town of ..... Registration District No. 1406 Registered No. 9 (For use of Local Reistrar)

or

City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June (Name of Month), 24 (Day), 1916 (Year)

FATHER.	MOTHER.
(8) FULL NAME Sam Padgett	(14) NAME BEFORE MARRIAGE Mary Elmer Flower
(9) PRESENT POSTOFFICE OF FATHER Ritter	(15) PRESENT POSTOFFICE OF MOTHER Ritter
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 36 (Years)	(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Caroline County	(18) BIRTHPLACE Caroline County
(13) OCCUPATION Day Laborer	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth } Three	(21) Number of children of this mother now living, including present birth } Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8.30 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W. Scott Narain

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: White Hall SC

Given name added from a supplemental report

9/10, 1916

C. W. Miller
Deputy Registrar

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

(27) Filed Jan 30 1916 (28) W. B. Crosby 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.
McCaw, of Columbia.