

1. PLACE OF BIRTH  
County of Anderson  
Township of Flint

or  
Inc. Town of ..... Registration District No. 305 Registered No. 63011  
(For use of Local Registrar)  
or  
City of ..... 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 Lilah May Whitfield 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 June 27, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Whitfield  
(9) PRESENT POSTOFFICE OF FATHER Townville SC  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)  
(12) BIRTHPLACE Townville SC  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Taylor  
(15) PRESENT POSTOFFICE OF MOTHER Townville SC  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)  
(18) BIRTHPLACE Oconee Co SC  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:10 P.M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) P. M. Johnson  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Townville SC

Given name added from a supplemental report  
Lilah May Whitfield, 1916...  
Pearl Whitfield, 1916...  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed July 3, 1916 (28) P. H. McCall 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.  
a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

FORM NO. 1  
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 2.