Form No 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
49636

(1) PLACE OF BIRTH
County of Lancaster
Township of Pleasant Hill
or
Inc. Town of ..... Registration District No. 2806 Registered No. 14
(For use of Local Registrar)
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 ..... If child is not yet named, make supplemental report as directed

(3) BOY OR 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?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
				Jan 28, 1906

FATHER.

(8) FULL NAME Finley Blackmon
(9) PRESENT POSTOFFICE OF FATHER Heath Springs
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 47 (Years)
(12) BIRTHPLACE Kershaw Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 6 m

MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Blackmon
(15) PRESENT POSTOFFICE OF MOTHER Heath Springs
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Lancaster Co
(19) OCCUPATION Home Wife
(21) Number of children of this mother now living, including present birth 6 m

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. M. Kirkpatrick
(24) State whether Physician or Midwife M
(25) Address of Physician or Midwife Heath Springs

Given name added from a supplemental report
....., 191....
.....
Registrar

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

(27) Filed March 10, 1906. (28) Ed. F. Hammond
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.

McCAW, of Columbia. FIRST-BORN, No. 1. THIRD OTHERS, No. 2, etc., in question 5.
N. B.—In case of TWINS or TRIPLETS use a SEPARATE SHEET for each child, and number them in order of birth.