

Form No. 1

(1) PLACE OF BIRTH  
 County of Yorkburg  
 Township of King  
 Inc. Town of \_\_\_\_\_  
 City of \_\_\_\_\_

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Register Only  
50683

Registration District No. 4303 Registered No. 116  
 (For use of Local Registrar)  
 (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 Jane B. McColary If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 17 1916</u>
FATHER				MOTHER
(8) FULL NAME <u>York McColary</u>				(14) NAME BEFORE MARRIAGE <u>Rosa Witherspoon</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Kingston</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Kingston</u>
(10) COLOR OR RACE <u>negro</u>				(16) COLOR OR RACE <u>negro</u>
(11) AGE AT LAST BIRTHDAY <u>35</u>				(17) AGE AT LAST BIRTHDAY <u>30</u>
(12) BIRTHPLACE <u>Yorkburg</u>				(18) BIRTHPLACE <u>Yorkburg</u>
(13) OCCUPATION <u>farmer</u>				(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>7</u>				(21) Number of children of this mother now living, including present birth <u>7</u>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) Jane B. McColary  
 (24) Sign whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Kingston

Given name added from a supplemental report

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

(27) Filed Feb 11 1916 (28) B. B. Jackson 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.

REMARKS: WITH UNPAID FEE—THIS IS A PERMANENT RECORD.  
 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 3.