

Form No 1.

(1) PLACE OF BIRTH

County of Charleston
Township of Old Store

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

45847

Inc. Town of Registration District No. 2204 Registered No. 27
(For use of Local Registrar)
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? <u>OR</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>127</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 8</u> 191 <u>6</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Bob Price
(9) PRESENT POSTOFFICE OF FATHER Pageland SC
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Old Store
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth { 127 }

MOTHER.

(14) NAME BEFORE MARRIAGE Laura Mills
(15) PRESENT POSTOFFICE OF MOTHER Pageland SC
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Old Store
(19) OCCUPATION House Keeping
(21) Number of children of this mother now living, including present birth { 127 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) L. E. Leath
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 2/9 1916 (28) L. E. Leath 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