

Form No. 1.

(1) PLACE OF BIRTH

County of Greenville
Township of Fairview

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
90073

Inc. Town of Registration District No. 2206 Registered No. 141
(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 Myrtle Annie Ruth Bobb } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 3, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charlie Randolph Bobb

(9) PRESENT POSTOFFICE OF FATHER Ft Inn S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE Greenville Co.

(13) OCCUPATION Farming.

(20) Number of children born to mother, including present birth } 4

MOTHER.

(14) NAME BEFORE MARRIAGE Liggie Lee Nelson

(15) PRESENT POSTOFFICE OF MOTHER Fountain Inn S.C.R.3.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
(Years)

(18) BIRTHPLACE Greenville Co.

(19) OCCUPATION Housework.

(21) Number of children of this mother now living, including present birth } 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:30 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Thomason
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician | Ft Inn S.C.

Given name added from a supplemental report

..... 191.....
Registrar

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

(27) Filed Jan 10, 1917 (28) J. B. Dickett
Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should report as stillborn. No report is desired of stillbirths before the a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

McCauley of Columbia, S.C. PREPARED BY THE STATE BOARD OF HEALTH, COLUMBIA, S.C. USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.