

Form No 1.

(1) PLACE OF BIRTH

County of Bacon

Township of

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

48162

Registration District No. 6000 Registered No. 8 A

(For use of Local Registrar)

St. Ward

(2) Full Name of Child Genia Stokes If child is not yet named, make supplemental report as directed

(3) SEX GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
<u>Girl</u>			<u>Yes</u>	<u>July 2 1911</u>
				(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>Osgood Stokes</u>	(14) NAME BEFORE MARRIAGE	<u>Hoska Gordon</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Fortune SC</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Benton SC</u>
(10) COLOR OR RACE	<u>Negro</u>	(16) COLOR OR RACE	<u>Negro</u>
(11) AGE AT LAST BIRTHDAY	<u>23</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>22</u> (Years)
(12) BIRTHPLACE	<u>S.C.</u>	(18) BIRTHPLACE	<u>S.C.</u>
(19) OCCUPATION	<u>Farmer</u>	(20) OCCUPATION	<u>Housewife</u>
(21) Number of children born to mother, including present birth	<u>one</u>	(22) Number of children of this mother now living, including present birth	<u>one</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(25) (Signature) W. C. McFee

(24) State whether Physician or Midwife (26) Address of Physician or Midwife

Midwife Benton SC

Given name added from a supplemental report

(28) Witness M. P. R. R.

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

(27) Filed July 11 1911 (28) W. C. McFee

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child is stillborn 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.

WRITES PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

IN THE 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.

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