

Form No. 1

(1) PLACE OF BIRTH

County of Anderson
Township of Savannah

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
63056

Inc. Town of Registration District No. 3.11 Registered No. 4.0
(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? Boy (4) Twin or Triplet? (5) Number in order of birth 1 (6) Age 16 (7) DATE OF BIRTH June 11 1919
To be answered only in case of twins or triplets Married? (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jimm Skelton

(9) PRESENT POSTOFFICE OF FATHER Star SC

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Anderson Co SC

(13) OCCUPATION Farm hand

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Clara Majors

(15) PRESENT POSTOFFICE OF MOTHER Star SC

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Anderson Co SC

(19) OCCUPATION field hand

(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 at M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mamie R. Reide

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 11 1919 (28) L. C. Jones 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: INDICATED: FOR BIRTH RECORD.
WHICH 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.
McGowan, of Columbia