

Form No. 1.

(1) PLACE OF BIRTH

County of Union
 Township of Union
 or
 Inc. Town of
 or
 City of Union

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

44858

Registration District No. 42-A Registered No. 140
 (For use of Local Registrar)
 St.; 2 Ward
 (No. 4 Henrietta St.; 2 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (2) Full Name of Child Eligha M. Coullough If child is not yet named, make supplemental report as directed

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

FATHER.

(8) FULL NAME Eligha M. Coullough
 (9) PRESENT POSTOFFICE OF FATHER Union
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21 (Years)
 (12) BIRTHPLACE Cherokee County
 (13) OCCUPATION Bottling Works
 (20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Roseana Lipsey
 (15) PRESENT POSTOFFICE OF MOTHER Union
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE Union County
 (19) OCCUPATION Dress-making
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, at 11:15 P.M. (Hour A.M. or P.M.) on the date above stated. Amanda M. Beck

(23) (Signature) Amanda M. Beck (25) Address of Physician or Midwife
 (24) State whether Physician or Midwife # 28 Hamlet Ave

Given name added from a supplemental report

(26) Witness Henrietta Lipsey & Husband (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 12 1915 (28) D. G. Jarratt 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