Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
58794

(1) PLACE OF BIRTH
County of Beaufort
Township of Sheldon
or
Inc. Town of ..... Registration District No. 603 B Registered No. 45
(For use of Local Reistrar)
or
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 Joseph Black } 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
Girl	Twins	13	Yes	May 20, 1916 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Adam Black	(14) NAME BEFORE MARRIAGE	Julia Fields
(9) PRESENT POSTOFFICE OF FATHER	Yemassee D.C.	(15) PRESENT POSTOFFICE OF MOTHER	Yemassee D.C.
(10) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY (Years)	40	(17) AGE AT LAST BIRTHDAY (Years)	30
(12) BIRTHPLACE	Big Estate Beaufort Co.	(18) BIRTHPLACE	Big Estate Beaufort Co.
(13) OCCUPATION	Merchant & Farmer	(19) OCCUPATION	House wife
(20) Number of children born to mother, including present birth	13	(21) Number of children of this mother now living, including present birth	10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maria X Jones

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Yemassee D.C.

Given name added from a supplemental report
....., 191...
..... Registrar

(26) Witness Ron H. Attaway
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 23 1916 (28) J. K. Attaway
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.