

Form No. 1.

(1) PLACE OF BIRTH
County of Newberry
Township of X 10
or
Inc. Town of
or
City of (No. St. Ward)
(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
73991

Registration District No. 3401 Registered No. 27
(For use of Local Registrar)

(2) Full Name of Child Bobbie Jennie Lee { If child is not yet named, make supplemental report as directed

(3) ~~SEX~~ OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 27 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME James Boyd
(9) PRESENT POSTOFFICE OF FATHER Little Mountain S.C.
(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Lexington Co. S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Maebelle Bates
(15) PRESENT POSTOFFICE OF MOTHER Little Mt. S.C.
(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Lexington Co. S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Liza X. Simpson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Little Mt. S.C.

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Sept 19 1916 (28) W. A. Counts 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. E.—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.