

Form No. 1.

(1) PLACE OF BIRTH

County of Union

Township of

or Inc. Town of

City of Union

(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

50636

Registration District No. 42-A Registered No. 14
(For use of Local Registrar)St. N. Parkway Ward 1(No. 1) If child is not yet named, make supplemental report as directed(2) Full Name of Child Thiller(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth 2(6) Are Parents Married? No(7) DATE OF BIRTH July 27 (Day) (Year) 1916
(Name of Month)

FATHER.

(8) FULL NAME Louise Kirby(9) PRESENT POSTOFFICE OF FATHER Glendale Ave.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY (Years) 2

(12) BIRTHPLACE

(13) OCCUPATION Housewife(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Christina Miller(15) PRESENT POSTOFFICE OF MOTHER Union St. N. Parkway St.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY (Years) 25(18) BIRTHPLACE Union Pa.(19) OCCUPATION Domestic(20) 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 alive at 6 M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Theron H. Ladd(24) State whether Physician or Midwife (25) Address of Physician or Midwife 50 E. Main St.

Given name added from a supplemental report

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

(27) Filed Feb 12 1916 (28) S. H. Sarratt 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. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, N. 1. THE OTHER, N. 2, etc., in question 5.

McCaw, of Columbia.