

Form No. 1.

(1) PLACE OF BIRTH

County of CharlestonTownship of Johns Islandor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only
45646Registration District No. 905Registered No. 1
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Victoria Mack

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
To be numbered only in event of Twins or Triplets(6) Are Parents Married? no(7) DATE OF BIRTH Jan. 1 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Illegitimate child

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Mack(15) PRESENT POSTOFFICE OF MOTHER Johns Island(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY (Years) 17(18) BIRTHPLACE Johns Island(19) OCCUPATION Farm laborer(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 at 8 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Mitchell(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 7 1916(28) W. C. Hills

Local Registrar

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

*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.