

Form No. 1.

(1) PLACE OF BIRTH

County of Chesterfield  
Township of Cole Hill

or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

48582

Registration District No. 1203 Registered No. 8

(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 Lillian Dennis

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb 27  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jessie Dennis

(9) PRESENT POSTOFFICE OF FATHER Chesterfield, R#4

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34  
(Years)

(12) BIRTHPLACE Morganton N.C.

(13) OCCUPATION farmer

(20) Number of children born to mother, including present birth { 6

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Linnum

(15) PRESENT POSTOFFICE OF MOTHER Chesterfield S to R#4

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32  
(Years)

(18) BIRTHPLACE Morganton N.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth { 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 8:15 AM, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lillian X Jones

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Chesterfield R#3

Given name added from a supplemental report

(26) Witness Lucy M. Russ  
(Signature of Witness necessary only when question 23 is signed by mark)

Registrar

(27) Filed Mar. 3, 1916. (28) J. A. Davis  
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.

MATERNITY HOSPITALS, WITH UNPAIDING INK—THIS IS A PERMANENT RECORD.  
 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 2.  
 McCaw, of Columbia.