FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
42752

(1) PLACE OF BIRTH

County of Fairfield

Township of 10

or
Inc. Town of ..... Registration District No. 1709 Registered No. 47
(For use of Local Registrar)

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 Janie Belle — 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 Dec. 5 1915 (Name of Month) (Day) (Year)
	To be answered only in event of Twins or Triplets			

FATHER.		MOTHER.	
(8) FULL NAME	Albert Belle	(14) NAME BEFORE MARRIAGE	Janie Bird
(9) PRESENT POSTOFFICE OF FATHER	Winnsboro S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Winnsboro S.C.
(10) COLOR OR RACE	[illegible] (11) AGE AT LAST BIRTHDAY 26 (Years)	(16) COLOR OR RACE	[illegible] (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE	Fairfield Co. S.C.	(18) BIRTHPLACE	Fairfield Co. S.C.
(13) OCCUPATION	[illegible]	(19) OCCUPATION	Domestic
(20) Number of children born to mother, including present birth	3	(21) Number of children of this mother now living, including present birth	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sylvia X Gladney

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Winnsboro S.C.

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness Mrs. E. G. Fridy
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec. 8 1915 (28) E. G. Fridy
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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A COMMANDING MOTOR.
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