

Form No. 1

(1) PLACE OF BIRTH

County of Gaston
Township of Bradley
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

43153

Registration District No. 2313 Registered No. 43
(For use of Local Registrar)
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 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 26 1916
(Name of Month) (Day) (Year)

FATHER			MOTHER		
(8) FULL NAME	<u>William Jones</u>		(14) NAME BEFORE MARRIAGE	<u>Rosa</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Bradley</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Bradley</u>	
(10) COLOR OR RACE	<u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE	<u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE	<u>Effville Co</u>		(18) BIRTHPLACE	
(13) OCCUPATION	<u>Householder</u>		(19) OCCUPATION	<u>Housewife</u>	
(20) Number of children born to mother, including present birth		(21) Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Marshall Wright, M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

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

(27) Filed Jan 4 1916 (28) A. B. Bandy 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.

WHITE CLINICAL, 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.
New of Columbia