

Form No. 1

(1) PLACE OF BIRTH

County of Greenwood

Township of Hodges

or
Inc. Town of

or
City of

(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

77394

Registration District No. 2307

Registered No. 38

(For use of Local Registrar)

St. Ward

(2) Full Name of Child Luther Allen

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept 7 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David Kiley

(9) PRESENT POSTOFFICE OF FATHER Hodges SC

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Greenwood Co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Eakin

(15) PRESENT POSTOFFICE OF MOTHER Hodges SC

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Abbeville Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:30 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature) Martha D. Dant...

(24) State whether Physician or Midwife Midwife (25) Abbeville Co

Given name added from a supplemental report

(26) Witness Wm. E. Miller (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 11 1916 (28) A. L. Pennington 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.

WRITING 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.

McGraw, of Columbia