

FORM NO. 1.

(1) PLACE OF BIRTH
 County of York
 Township of York

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

File No.—For State Registrar Only
52261

Inc. Town of Registration District No. 2126 Registered No. 17
 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 Sam Jundin { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar. 17</u> <u>1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Sam Jundin</u>			(14) NAME BEFORE MARRIAGE <u>Samannah Jones</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Brook Green S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Brook Green S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>47</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>44</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House wife</u>	
20) Number of children born to mother, including present birth <u>18</u>			21) Number of children of this mother new living, including present birth <u>10</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:30 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Juliana Henry
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Brook Green S.C.

Given name added from a supplemental report

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

(27) Filed April 1 1916 (28) Sevilla Lapham 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 required of stillbirths before the fifth month of pregnancy.

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. THIS OFFICIAL, No. 1. THIS OFFICIAL, No. 2, etc., in question 2. McCaw, of Columbia