

Form No. 1.

(1) PLACE OF BIRTH

County of Monlboro

Township of Brownsville

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

49882

Registration District No. 3303

Registered No. 6
(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 Fate Hassan } If child is not yet named, make supplemental report as directed

(3) Sex Boy (4) Twin or Triplet? (5) Number in order of birth 2 (6) Are Parents Married? (7) DATE OF BIRTH Jan 28 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Israel Hassan

(9) PRESENT POSTOFFICE OF FATHER Brownsville

(10) COLOR OR RACE negr (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Monrovia Co

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Esther Wood

(15) PRESENT POSTOFFICE OF MOTHER Brownsville

(16) COLOR OR RACE negr (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Merlboro

(19) OCCUPATION Form Labor

(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 born alive at 10 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Elmer Wood

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

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

(27) Filed Feb 6 1916 (28) R. D. Roy 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. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. M. R.—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