

Form No 1.

## (1) PLACE OF BIRTH

County of ZimmerburgTownship of Hopeor  
Inc. Town of .....

City of .....

(No. .... St.; .... Ward)  
(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

54012

Registration District No. 4301 Registered No. 231

(For use of Local Registrar)

(2) Full Name of Child Emma Isabelle .. { 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 Jul. 25  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Flauder Isabelle(9) PRESENT POSTOFFICE OF FATHER Greeping P.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28  
(Years)(12) BIRTHPLACE Zimmerburg Co., P.C.(13) OCCUPATION Farmer(16) Number of children born to mother, including present birth { Three }

## MOTHER.

(14) NAME BEFORE MARRIAGE Marie Roberson(15) PRESENT POSTOFFICE OF MOTHER Greeping P.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22  
(Years)(18) BIRTHPLACE Zimmerburg Co., P.C.(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth { One }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive ..... 7:30 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. Roberson

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

Midwife Greeping P.C.

(26) Witness .....

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

(27) Filed Jul 22 1914 (28) E. C. T. Roberson, M.D.  
Local Registrar.

Given name added from a supplemental report

191.....

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.  
WHITE 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.  
Care of Columbia