

Form No. 1

(1) PLACE OF BIRTH

County of JasperTownship of Pocataligo

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

90431

Registration District No. 2601 Registered No. 75

(For use of Local Registrar)

(3) Full Name of Child Person Best { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets(6) Are Parents Married? No(7) DATE OF BIRTH Dec 2 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Henry Best

(9) PRESENT POSTOFFICE OF FATHER

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

(12) BIRTHPLACE

South Carolina

(13) OCCUPATION

Farmer(14) Number of children born to mother, including present birth { 1 }

MOTHER.

(14) NAME BEFORE MARRIAGE

Clorie Washington

(15) PRESENT POSTOFFICE OF MOTHER

Coscahatchee St.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 21
(Years)

(18) BIRTHPLACE

Hampton Co.

(19) OCCUPATION

Laborer(20) Number of children of this mother now living, including present birth { 1 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6:30 P.M. on the date above stated.
(born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Marion Murray

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Coscahatchee St.

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 12/6 1916

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*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.