

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town ofor  
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

58716

Registration District No.

Registered No.

(For use of Local Registrar)

## (2) Full Name of Child

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 case of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

April 30, 1916

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(3) FULL NAME

William Miedge

(14) NAME BEFORE MARRIAGE

Josephine Garrison

(9) PRESENT POSTOFFICE OF FATHER

Alandale H.

(15) PRESENT POSTOFFICE OF MOTHER

Alandale H.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

40

(Years)

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

Bull Pond

(18) BIRTHPLACE

Bull Pond

(13) OCCUPATION

Farmer

(19) OCCUPATION

Farm &amp; Housework

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

5

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

C. A. Miedge

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Alandale H.

Given name added from a supplemental report

1916

(26) Witness

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

(27) Filed

May 18, 1916

(28)

J. A. Rouse

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.

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