

Form No. 1.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Harfield STATE OF SOUTH CAROLINA.

Township of Shelton S.C. Bureau of Vital Statistics

or Inc. Town of Shelton S.C. Registration District No. 19.00

City of Shelton S.C. Registered No. 70
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. — For State Registrar Only
76300

(2) Full Name of Child Ada Mercedes } If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 7 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 9 1916
To be answered only in event of Twin or triplets. (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles M. Lund

(9) PRESENT POSTOFFICE OF FATHER. Shelton S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Harfield County

(13) OCCUPATION Town Land

(20) Number of children born to mother, including present birth. 7

MOTHER.

(14) NAME BEFORE MARRIAGE Egnes Sanders

(15) PRESENT POSTOFFICE OF MOTHER Shelton S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Harfield County

(19) OCCUPATION Town Land

(21) Number of children of this mother now living, including present birth. 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) 10 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Jane Coleman

(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife Leeds, S.C.

Given name added from a supplemental report

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

(27) Filed Sept 20 1916 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 for 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, THE OTHER, No. 2, etc., in question 5. McGraw-Hill