

FORM NO. 1.

(1) PLACE OF BIRTH
County of Union
Township of S. Hill
or
Inc. Town of
or
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

79581

Registration District No. 4202 Registered No. 37
(For use of Local Registrar)

(2) Full Name of Child Jamara A. Gist RAY If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Sept 17 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Gist
(9) PRESENT POSTOFFICE OF FATHER Whitmix S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE Union Co
(13) OCCUPATION Farm work
(20) Number of children born to mother, including present birth 1

(14) NAME BEFORE MARRIAGE Kath Ray
(15) PRESENT POSTOFFICE OF MOTHER Whitmix
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 16 (Years)
(18) BIRTHPLACE Union Co.
(19) OCCUPATION
(21) 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 8 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charles Rice
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Whitmix S.C.

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness (Signature of Witness, necessary only when question 23 is signed by mark)
(27) Filled Sept 22 1916 (28) J. C. Nobles 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.

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 OTHERS, No. 2, etc., in question 5.
McGraw, of Columbia.