

FORM NO. 1

(1) PLACE OF BIRTH

County of HorryTownship of Greenwood

Inc. Town of

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

64818

Only

Registration District No. 2506Registered No. 35

(For use of Local Registrar)

Registrar

Ward

make noted

6 (Year)

(2) Full Name of Child William Franklin Bridges

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>June 1, 1916</u>
To be answered only in case of Twin or Triplet's				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Memory Bridges(9) PRESENT POSTOFFICE OF FATHER Loris S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Horry County(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ala L. Hardee(15) PRESENT POSTOFFICE OF MOTHER Loris S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Horry County(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 o'clock P.M. on the date above stated. (Born alive or stillborn) (A.M. or P.M.)(23) (Signature) Chloris Bullard(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Loris S.C.

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 June 8, 1916 (28) S.D. M. M. M. 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.

FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.

McCauley of Columbia