

Form No. 1

(1) PLACE OF BIRTH

County of AdamsTownship of Flayds

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

90396

Registration District No. 2508 Registered No. 119

(For use of Local Registrar)

(2) Full Name of Child John William If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH such

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Fletcher S. Platon

(9) PRESENT POSTOFFICE OF FATHER

Nichols S.C. Route 2

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

24 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farm Tenant

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

One

MOTHER.

(14) NAME BEFORE MARRIAGE

Jessie Mary Graham

(15) PRESENT POSTOFFICE OF MOTHER

Nichols S.C. Route 2

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

17 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House wife

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:40 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. D. Lewis, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

PhysicianRoute 2

Given name added from a supplemental report

May 16, 1917C. W. Williams

Registrar

(26) Witness

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

(27) Filed Dec 10 1916

(28)

S. C. Williamson

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.