

Form No. 1

(1) PLACE OF BIRTH

County of UnionTownship of Pinkneyor
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

33759

Registration District No. 4208 Registered No. 73

(For use of Local Registrar)

(2) Full Name of Child Merna Estelle James If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <u>9</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct. 5</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Joe F James(9) PRESENT POSTOFFICE OF FATHER Kelton SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)(12) BIRTHPLACE Union Co(13) OCCUPATION Farmed(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Laura Fawcett(15) PRESENT POSTOFFICE OF MOTHER Kelton SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42 (Years)(18) BIRTHPLACE Union Co.

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Beset alive at 5 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Tracy Lindsay

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

Midwife Kelton

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 Oct. 3 1916 (28) D. G. Gallman 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.

SEE INSTRUCTIONS ON REVERSE OF THIS FORM. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Machine of Columbia.