

Form No 1.

(1) PLACE OF BIRTH

County of YorkTownship of Rock Hillor ColumbiaInc. Town of Rock Hillor Rock HillCity of Rock Hill

(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

54139

Registration District No. 44B Registered No. 48

(For use of Local Registrar)

(2) Full Name of Child not named { 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 case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar. 2, 1916</u> <small>(Name of Month) (Day) (Year)</small>
------------------------------	---	---------------------------------------	-------------------------------------	--

FATHER.

(8) FULL NAME Ed Davis(9) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 39
(Years)(12) BIRTHPLACE York(13) OCCUPATION Farm(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Massey(15) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 37
(Years)(18) BIRTHPLACE York(19) OCCUPATION Domestic(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 alive at 9:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. E. Pendergast, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rock Hill, S.C.

Given name added from a supplemental report

..... 191.....

Registrar

(26) Witness [Signature]
(Signature of Witness necessary only when question 28 is signed by mark)(27) Filed 3/10/16 (28) [Signature] 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 OTHER, No. 2, etc., in question 5.

McCall of Columbia.