

Form No. 1

(1) PLACE OF BIRTH

County of Horry
Township of Buck

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
77520

Registration District No. 25-61 Registered No. 76
(For use of Local Registrar)

(2) Full Name of Child Exie May { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Sept 5-6</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME	(11) AGE AT LAST BIRTHDAY <small>(Years)</small>
(9) PRESENT POSTOFFICE OF FATHER	
(10) COLOR OR RACE	(12) BIRTHPLACE
(13) OCCUPATION	
(20) Number of children born to mother, including present birth { <u>5</u>	

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Agness Scott</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>
(15) PRESENT POSTOFFICE OF MOTHER <u>Conway, S.C.</u>	
(16) COLOR OR RACE <u>negro</u>	(18) BIRTHPLACE <u>Horry Co</u>
(19) OCCUPATION <u>Domestic</u>	
(21) Number of children of this mother now living, including present birth { <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elta Scott
(24) State whether Physician or Midwife { midwife } (25) Address of Physician or Midwife
Conway, S.C.

Given name added from a supplemental report

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

(27) Filed Sept 14 1916 (28) S. F. Bourne
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.

MARGIN RESERVED FOR BINDING. 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.

McCaw, of Columbia