Form No 1.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
49030

(1) PLACE OF BIRTH

County of Florence Co S

Township of Cairns

or
Inc. Town of ..... Registration District No. 2001 Registered No. 10
(For use of Local Reistrar)

or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Girl			no	Jan, 2, 1 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME	(14) NAME BEFORE MARRIAGE Ada Green
(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER Hyman S C
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE	(18) BIRTHPLACE —
(13) OCCUPATION	(19) OCCUPATION Housework
(20) Number of children born to mother, including present birth { 3	(21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 A M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Fannie Pierce
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Hyman S C

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed Jan 6 1916 (28) E. L. Montgomery
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.

Law of Columbia