

FORM NO. 1.

(1) PLACE OF BIRTH

County of Stonington
 Township of 7
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
42914

Registration District No. 21.0.6 Registered No. 100
 (For use of Local Registrar)

(2) Full Name of Child Nathan Herriot } If child is not yet named, make supplemental report as directed
 (No. ... St.; ... Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) SEX OR GIVER <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 24</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>David Herriot</u>			(14) NAME BEFORE MARRIAGE <u>Phyllis Herriot</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Brook Green S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Brook Green S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(16) COLOR OR RACE <u>Negro</u>		
(12) BIRTHPLACE <u>South Carolina</u>		(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)		
(13) OCCUPATION <u>Farmer</u>			(18) BIRTHPLACE <u>South Carolina</u>	
(19) OCCUPATION <u>Farmer hand.</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	
(20) Number of children born to mother, including present birth <u>5</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Nancy Brown
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Waverly Mills, S.C.

Given name added from a supplemental report
 _____, 191____

 Registrar

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan. 5, 1916 (28) A. H. ...
 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.
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