

Form No. 1

(1) PLACE OF BIRTH

County of OrangeburgTownship of North

OF

Inc. Town of

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

Registration District No. 361

File No.—For State Registrar Only

486

Registered No. 8
(For use of Local Registrar)(2) Full Name of Child Mary Stokes

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 6, 1913</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Melvin Stokes

(9) PRESENT POSTOFFICE OF FATHER Branchville, S.C.

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 27
(Year)

(12) BIRTHPLACE Langhorne, Va.

(13) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Idella Gorin

(15) PRESENT POSTOFFICE OF MOTHER Branchville, S.C.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 18
(Year)

(18) BIRTHPLACE Langhorne, Va.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8:00 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Idella Gorin(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(25) Witness Idella Gorin

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb. 12, 1913

(28) 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.