Form No. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
52174

(1) PLACE OF BIRTH

County of Florence

Township of Jeffreys

or Inc. Town of Winona Registration District No. 2007 Registered No. 134
(For use of Local Registrar)

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. Marion Hinds

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? no

(7) DATE OF BIRTH Mar 20 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME X X X

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Donella Hinds

(15) PRESENT POSTOFFICE OF MOTHER Mars Bluff S.C. R.1.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 16 (Years)

(18) BIRTHPLACE Winona - S. C.

(19) OCCUPATION Field Hand

(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 born alive at 11 A. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Fonetta Hinds x

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Mars Bluff S.C.

Given name added from a supplemental report

....., 191....

..... Registrar

(26) Witness: C. Rollinford M.D.
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Mar 24 1916 (28) Mrs. Jno. L. Gregg Local Registrar
Deputy.

*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.

McCaw, of Columbia, FIRST-BORN, No. 1. THE OFFICIAL No. 2, etc., in question 5.

M. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the