

Form No. 1.

## (1) PLACE OF BIRTH

County of FairfieldTownship of No. 2

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

52075

Registration District No. 1901 Registered No. 27

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>9 24 1901</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Edw Mabel(9) PRESENT POSTOFFICE OF FATHER Blackshear S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Lantz(15) PRESENT POSTOFFICE OF MOTHER Blackshear(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(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 at Blackshear (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) D. C. Williams(24) State whether Physician or Midwife (25) Address of Physician or Midwife Blackshear 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 March 1916 (28) W. A. Blaine 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.

STATION 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.