

Form No. 1.

(1) PLACE OF BIRTH

County of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45643

Township of James Island

or

Inc. Town of

or

City of

Registration District No. 904Registered No. 3

(For use of Local Registrar)

(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 Lena Blake

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

(3) BOY OR GIRL? G

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Jan 24

To be answered only in case of Twin or Triplet

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bonafante Blake(9) PRESENT POSTOFFICE OF FATHER Charleston R. 1(10) COLOR ed (11) AGE AT LAST BIRTHDAY 35
OR RACE (Years)(12) BIRTHPLACE James Island(13) OCCUPATION Farm-hand(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Petigou(15) PRESENT POSTOFFICE OF MOTHER Charleston R. 1(16) COLOR ed (17) AGE AT LAST BIRTHDAY 25
OR RACE (Years)(18) BIRTHPLACE James Island(19) OCCUPATION Housewife(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 (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Wm. A. Jones

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife James Island

Given name added from a supplemental report

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

(27) Filed 1/30 1916. (28) Geo. R. Seabrook 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 ENDING.

WHITE 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 3.

McCaw, of Columbia.