

Form No 1.

(1) PLACE OF BIRTH

County of York
Township of BeaufortInc. Town of
or
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

54152

Registration District No. 4402 Registered No. 14
(For use of Local Registrar)(2) Full Name of Child Russell Thompson Childers 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 6, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jeff Childers(9) PRESENT POSTOFFICE OF FATHER Nickson Grove S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE York, S.C.(13) OCCUPATION Farmed(14) Number of children born to mother, including present birth { 3 }

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Martin(15) PRESENT POSTOFFICE OF MOTHER Nickson Grove S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Cherokee Co(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth { 2 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8-25 A.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) W. H. Reed, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Nickson Grove S.C.

Given name added from a supplemental report

....., 191....

Registrar

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

(27) File mk 10-6 (28) W. H. Reed Local RegistrarWRITE 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.

*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.