

FORM NO. 1

## (1) PLACE OF BIRTH

County of Jasper  
 Township of Robt  
 or  
 Inc. 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

2602

File No.—For State Registrar Only

90439

Registration District No. .... Registered No. ....  
 (For use of Local Registrar)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John E Daily(9) PRESENT POSTOFFICE OF FATHER Tillman SC(10) COLOR White (11) AGE AT LAST BIRTHDAY 45  
 OR RACE (Years)(12) BIRTHPLACE Scotia SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth { 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Lilly Hodge(15) PRESENT POSTOFFICE OF MOTHER Tillman SC(16) COLOR White (17) AGE AT LAST BIRTHDAY 27  
 OR RACE (Years)(18) BIRTHPLACE Tillman SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive 4:00 PM M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J E Dailey

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

Given name added from a supplemental report

..... 191.....

Registrar

## Father

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

(27) Filed 1-4-1917 (28) G B Conniffe  
 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.  
 McGraw, of Columbia.