

FORM NO. 1.

(1) PLACE OF BIRTH.

County of

Fairfield

Township of

11

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46151

Registration District No. 1910

Registered No. 1

(For use of Local Registrar)

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

Lestell Thundy

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

(5) Number in order of birth

Is answered only in case of Twin or Triplet

(6) Are Parents Married?

(7) DATE OF BIRTH

Jan. 14, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Thundy

(9) PRESENT POSTOFFICE OF FATHER

Wallaceville

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

37 (Years)

(12) BIRTHPLACE

Fairfield

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Jackson

(15) PRESENT POSTOFFICE OF MOTHER

Wallaceville

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

37 (Years)

(18) BIRTHPLACE

Fairfield

(19) OCCUPATION

Housewife

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

9

(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, at on the date above stated. (Born alive or stillborn)

(23) (Signature)

Lestell Thundy

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

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 Jan. 1916

1916

(28)

D. D. Thundy 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 BINDING.

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 5.

McCaw, of Columbia