

FORM NO. 1.

(1) PLACE OF BIRTH  
 County of Fairfield  
 Township of 11  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.: ..... Ward)

**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)

(2) Full Name of Child Estelle 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 ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 14, 1916  
(To be answered only in case of Twins or Triplets) (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  
 (20) Number of children born to mother, including present birth 9

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  
 (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 2 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Edith M. Thundy  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
 ..... 191.....  
 .....  
 Registrar

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

(27) Filed Jan 1916 (28) D. D. Hyman Local Registrar

MARGIN RESERVED FOR BONDING.  
 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

\*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.