

Form No. 1

(1) PLACE OF BIRTH

County of FairfieldTownship of 11or
Inc. Town ofor
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. 6935 For State Registrar OnlyRegistration District No. 1910 Registered No. 31

(For use of Local Registrar)

(2) Full Name of Child Frances Givinsard { 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 June 19 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Givinsard(9) PRESENT POSTOFFICE OF FATHER Jenkinsville(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 42 (Years)(12) BIRTHPLACE Fairfield(13) OCCUPATION Blacksmith(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Harper(15) PRESENT POSTOFFICE OF MOTHER Jenkinsville(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 30 (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 born at 4 U. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary B. Baker(24) State whether Physician or Midwife (25) Address of Physician or Midwife Jenkinsville

Given name added from a supplemental report

....., 191....

..... Registrar

(26) Witness D. H. ...
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 30 1916 (28) D. H. ... 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 INK. DO NOT WRITE IN PENCIL. THIS IS A PERMANENT RECORD.
 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.