

Form No. 1

CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

File No. For State Registrar Only

(1) PLACE OF BIRTH

County of AdamsTownship of MyIncl. Town of MyCity of My (No. 309 Registered No. 33 Ward 33)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Caroline Marie May { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 29</u> 19 <u>16</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Gues May(9) PRESENT POSTOFFICE OF FATHER Esco S. C.(10) COLOR OR RACE My (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Barnwell C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Caroline Gornie(15) PRESENT POSTOFFICE OF MOTHER Esco S. C.(16) COLOR OR RACE My (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Barnwell C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alma at 12 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John A. Doderer
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife My office

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) John A. Doderer(27) Filed 9/17 1916 (28) John A. Doderer 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 SEPARATE RECORD.
 WRITE FULLY, WITH UNFADING INK—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.