

Form No. 1.

(1) PLACE OF BIRTH

County of *Horry*

Township of *Deep Bluff*

or
Inc. Town of

City of

(No. St.; Ward)
(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. For State Registrar Only

77540

Registration District No. *2503* Registered No. *9*

(For use of Local Registrar)

(2) Full Name of Child. *Bessie Jane Hines*

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 *2* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Sept. 10, 1916*
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *Bob Hines*

(9) PRESENT POSTOFFICE OF FATHER *Donaldville S.C.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *28* (Years)

(12) BIRTHPLACE *Horry Co., S.C.*

(13) OCCUPATION *Farming*

(20) Number of children born to mother, including present birth *1*

MOTHER

(14) NAME BEFORE MARRIAGE *Martha Jane Edwards*

(15) PRESENT POSTOFFICE OF MOTHER *Donaldville S.C.*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *22* (Years)

(18) BIRTHPLACE *Horry Co., S.C.*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *10.4* A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *T. A. Carr*

(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Donaldville S.C.*

Given name added from a supplemental report

Ep 13 1916
Thomas Johnson
Registrar

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

(27) Filed *9/13* 1916 (28) *Thomas Johnson*
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.
MARGIN—RESERVED FOR BINDING.