

Form No 1.

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

or  
Inc. Town of .....or  
City of Greenville

(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

52295

Registration District No. 22.A Registered No. 103

(For use of Local Registrar)

St. 4 Ward

## (2) Full Name of Child

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or triplet? <u>To be answered only in event of twins or triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Mar 16 1916</u> (Name of Month) (Day) (Year)
------------------------------	---	------------------------------	------------------------------------	--

## FATHER.

(8) FULL NAME <u>Essie Pardlow</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville, S. C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(12) BIRTHPLACE <u>Enoree S. C.</u>
(13) OCCUPATION <u>Laborer</u>	
(14) Number of children born to mother, including present birth	<u>One</u>

## MOTHER.

(14) NAME BEFORE MARRIAGE <u>Marie Cannon</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville, S. C.</u>	
(16) COLOR OR RACE <u>Negro</u>	(18) BIRTHPLACE <u>Enoree S. C.</u>
(19) OCCUPATION <u>House wife</u>	
(20) Number of children of this mother now living, including present birth	<u>One</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Mary Wilkerson(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife 233 E. Court St.

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(26) Filed Mar. 18. 1916 (27) C. Smith Local Registrar

MARGIN RESERVED FOR BINDING.

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.

Law 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.