

Form No. 1.

(1) PLACE OF BIRTH

County of Union
Township of Union
or
Inc. Town of
or
City of Union
(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

79547

Registration District No. H2-A Registered No. 144
(For use of Local Registrar)

(2) Full Name of Child, Fred Farr } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 18 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Samuel Farr
(9) PRESENT POSTOFFICE OF FATHER Union SC
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Homlet St Union SC
(13) OCCUPATION grocerman
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Lula May Fark
(15) PRESENT POSTOFFICE OF MOTHER Whitmore SC
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Union SC
(19) OCCUPATION Domestic
(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 born alive at 430 An. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Amonda McBeth

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Union SC

Given name added from a supplemental report

2/11/42 1916

Martin B. Woodward, M. D.
Assistant State Registrar

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

(27) Filed Sept 25 1916. (28) S. Sarratt
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 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.
McCraw, of Columbia.

FILED