

Form No 1.

(1) PLACE OF BIRTH

County of DillonTownship of HillboroInc. Town of Poyes MillsCity of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

WEATHER OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

51943

Registration District No. 1603 Registered No. 28

(For use of Local Registrar)

(2) Full Name of Child Jane Alice Honeycutt

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>V</u>	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>28</u> <u>6</u>
FATHER.		MOTHER.		
(8) FULL NAME <u>David B. Honeycutt</u>		(14) NAME BEFORE MARRIAGE <u>Bessie Morgan</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Poyes Mills S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Poyes Mills S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>Dillon Co. N.C.</u>		(18) BIRTHPLACE <u>Rowan Co. N.C.</u>		
(13) OCCUPATION <u>Lumberman</u>		(19) OCCUPATION <u>House work</u>		
(20) Number of children born to mother, including present birth <u>Three</u>		(21) Number of children of this mother now living, including present birth <u>Three</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 4:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. S. Honeycutt M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Poyes Mills S.C.

Given name added from a supplemental report

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

(27) FILED 1913 (28) D. H. Bailey 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.
 McCaw, of Columbia.