Form No. 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
63058

(1) PLACE OF BIRTH

County of Anderson

Township of Savannah

or Inc. Town of ..... Registration District No. 311 Registered No. 42 (For use of Local Registrar)

or City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 29 (Name of Month) (Day), 1916 (Year)

FATHER.

(8) FULL NAME Robert Adams

(9) PRESENT POSTOFFICE OF FATHER Starr S C

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Starr S C

(13) OCCUPATION Farmer

(20) Number of children born to mother including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Bromer

(15) PRESENT POSTOFFICE OF MOTHER Starr S C

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Starr S C

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 am (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mrs J. C. Bridges

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Starr S C

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed June 29 1916 (28) J. G. Jones 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 REQUIRED FOR BINDING.
WRITE CLEARLY, 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 OTHERS, No. 2, etc., in question 5.

McCaw, of Columbia.