

Form No. 1.

## (1) PLACE OF BIRTH

County of HorryTownship of Bucks

or

Inc. Town of

or

City of

(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

77517

Registration District No. 2501Registered No. 73

(For use of Local Registrar)

St. Ward

(2) Full Name of Child Patrice Long

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Sept 29 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Robert Long

(9) PRESENT POSTOFFICE OF FATHER

Toddville S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 17

(Years)

(12) BIRTHPLACE

Horry Co

(13) OCCUPATION

Laborer

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

{ 1 }

## MOTHER.

(14) NAME BEFORE MARRIAGE

Hester Planden

(15) PRESENT POSTOFFICE OF MOTHER

Toddville S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 17

(Years)

(18) BIRTHPLACE

Florence Co

(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 Alive at 9 AM. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julia S. Moore

(24) State whether Physician or Midwife Address of Physician or Midwife

Toddville S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

J. F. Harper (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Oct 5 1916

(28)

S. J. Bourne 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.

McGraw, of Columbia.