

Form No 1.

(1) PLACE OF BIRTH

County of Darlington

Township of Clyde

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

64044

Registration District No. 15-12 Registered No. 19  
(For use of Local Registrar)

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

(3) BOY OR GIRL? Boy (4) Twin or triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? ..... (7) DATE OF BIRTH June 9, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME + + + + +

(9) PRESENT POSTOFFICE OF FATHER + + + + +

(10) COLOR + + (11) AGE AT LAST BIRTHDAY + +  
OR RACE + + (Years)

(12) BIRTHPLACE + + + + +

(13) OCCUPATION + + + + +

(14) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Bulah Dixon

(15) PRESENT POSTOFFICE OF MOTHER Hartsville, SC

(16) COLOR OR negro (17) AGE AT LAST BIRTHDAY 19  
OR RACE negro (Years)

(18) BIRTHPLACE Darlington County

(19) OCCUPATION House Girl

(21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive ..... 6 ..... 9 A. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hasty Nesbitt

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

Midwife Myra SC

Given name added from a supplemental report

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

(27) Filed June 10, 1916 (28) W. L. McLean 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.

WRITER PLEASE, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
M. 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.