

Form No. 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50637

(1) PLACE OF BIRTH

County of BeaufortTownship of Beaufortor
Inc. Town ofor
City of Beaufort

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

Registration District No. 42-A Registered No. 13
(For use of Local Registrar)(2) Full Name of Child Cassie Patricia Fleming { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 2, 1916
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Ralph Fleming</u>	(14) NAME BEFORE MARRIAGE <u>Myrtle Sanders</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Beaufort</u>	(16) COLOR OR RACE <u>White</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Beaufort</u>	(17) AGE AT LAST BIRTHDAY <u>19</u>	(18) BIRTHPLACE <u>Webster N.C.</u>	(19) OCCUPATION <u>Domestic</u>
(10) COLOR OR RACE <u>White</u>	(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>	
(11) AGE AT LAST BIRTHDAY <u>19</u>			
(12) BIRTHPLACE <u>Darlington S.C.</u>			
(13) OCCUPATION <u>Cotton Mill Operator</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Beaufort on the date above stated. (Born, Day or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Beaufort

Given name added from a supplemental report

(26) Witness [Signature] (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 12, 1916 (28) S. S. Garratt 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.

MAKING PRESERVED FOR EVIDENCE. WITH UNFOLDING INC.—THIS IS A PERMANENT RECORD. 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.