Form No. 1

CERTIFICATE OF BIRTH

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

File No. — For Date Registered Only
55874

(1) PLACE OF BIRTH

County of Florence

Township of Mitch

or

Inc. Town of ..... Registration District No. 2012 Registered No. 39 (For use of Local Registrar)

or

City of Cowards S.C. R.F.D. No. 4 (Ward)

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

(2) Full Name of Child Welburn Hatfield Jr. (If child is not yet named, make supplemental report at the end.)

(3) BOY OR GIRL? Yes (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH 4 [illegible] (Name of Month) (Day of Birth)

To be answered only in event of Twins or Triplets

FATHER		MOTHER	
(8) FULL NAME	Welburn Hatfield	(14) NAME BEFORE MARRIAGE	Francis Jackson
(9) PRESENT POSTOFFICE OF FATHER	Cowards S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Cowards S.C.
(10) COLOR OR RACE	Black (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR OR RACE	Black (17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE	Clarendon Co.	(18) BIRTHPLACE	Ho. Florence Co.
(13) OCCUPATION	Farming	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	2	(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 Alive at 7 a.m. (Born Alive or stillborn) (Hour A.M. or P.M.) on the date above stated.

(23) (Signature) Sallie Bryant

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

Midwife Ecranton, Florence

Given name added from a supplemental report

..... Ill.

..... Registrar

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

(27) Filed 5/1 1916 (28) A. Shelley 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 [illegible]

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.

Caw, of Columbia.