

Form No. 1

(1) PLACE OF BIRTH

County of *Pathum*

Township of *Lynn*

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

88646

Registration District No. *502*

Registered No. *196*

(For use of Local Registrar)

(2) Full Name of Child *Richard Allen Mark*

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

(3) BOY OR
GIRL?

(4) Twin
or Triplet? *no*

(5) Number in
order of birth *1*

(6) Are
Parents
Married? *yes*

(7) DATE OF *Nov. 1*
BIRTH *1916*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME *John Aback*

(9) PRESENT
POSTOFFICE
OF FATHER *Ellmore*

(10) COLOR
OR
RACE *Colored* (11) AGE AT LAST
BIRTHDAY *22*
(Years)

(12) BIRTHPLACE *Orangeburg*

(13) OCCUPATION *Farm laborer*

(20) Number of children born to
mother, including present birth *2*

MOTHER.

(14) NAME BEFORE
MARRIAGE *Marling Cheaselange*

(15) PRESENT
POSTOFFICE
OF MOTHER *Ellmore*

(16) COLOR
OR
RACE *colored* (17) AGE AT LAST
BIRTHDAY *18*
(Years)

(18) BIRTHPLACE *Orangeburg*

(19) OCCUPATION *House Wife*

(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* at *5 P*
on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *J. Nellie Malone*

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

midwife *Ellmore, S.C.*

Given name added from a supplement
tal report

(26) Witness *R. L. Smith*

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

(27) Filed *Jan 3 1917* (28) *W. D. Keller*
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.

McGraw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.