

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of
or

City of

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

(2) Full Name of Child

(3) BOY OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth(6) Are yes
Parenty
Married?(7) DATE OF Feb, 2nd
BIRTH 1916
(Name of Month) (Day) (Year)(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE

(11) BIRTHPLACE

(12) OCCUPATION

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

FATHER.

Ed Mc Gray

Bryan, S. C.

negro

Williamsburg, S. C.

Farm laborer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sylvia Ann H. Hurrell(24) State whether Physician or Midwife (25) Address of Physician or Midwife
midwife Bryan, S. C.Given name added from a supplement-
tal report(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Feb 8th 1916 (28) Albert R. Mosley
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 PRINTING.
WRITE PLAINLY, 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.CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of HealthFile No. For State Registrar Only
50720Registration District No. 4308 Registered No. 9
(For use of Local Registrar)St. WardIf child is not yet named, make
supplemental report as directed