

Form No 1.

(1) PLACE OF BIRTH

County of PickensTownship of Harriett

Inc. Town of

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

61769

Registration District No. 3704Registered No. 47

(For use of Local Registrar)

(2) Full Name of Child: William Sargent

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

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH May 16 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jaron H Sargent(9) PRESENT POSTOFFICE OF FATHER Pickens no 2(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Pickens Co.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Pera E. Wilson(15) PRESENT POSTOFFICE OF MOTHER Pickens no 2(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Anderson Co.(19) OCCUPATION House Wife(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 1 P. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Elisabeth Garrett(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Pickens no 2

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 24 1916(28) J. M. Garrett 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.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the Law of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.