

Form No. 1.

(1) PLACE OF BIRTH

County of Beaufort

Township of Sheldon

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.) (No. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

48168

Registration District No. 622A Registered No. 6

(2) Full Name of Child Anna named 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

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb. 16 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Jefferson

(9) PRESENT POSTOFFICE OF FATHER Wade, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Wade, S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Myra Fields

(15) PRESENT POSTOFFICE OF MOTHER Wade, S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Wade, S.C.

(19) OCCUPATION Farmer's Wife

(21) 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 3:00 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca A. Danson

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

midwife Wade, S.C.

Given name added from a supplemental report

(26) Witness Wade, S.C.
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar. 1, 1916 (28) J. H. Herring 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 BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. E.—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. McCaw, of Columbia.