

Form No 1.

(1) PLACE OF BIRTH

County of Florence Co S.C.
 Township of Cann
 or
 Inc. Town of Wynnam S.C.
 or
 City of (No.)
 (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
52141

Registration District No. 2001 Registered No. 245
 (For use of Local Registrar)
 St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Marye Juanita Gentry (If child is not yet named, make supplemental report as directed)

(3) BOY Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar, 8 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mr. Daniel B. Fitch
 (9) PRESENT POSTOFFICE OF FATHER Wynnam S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)
 (12) BIRTHPLACE Florence Co S.C.
 (13) OCCUPATION Mechanic
 (16) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Dora Gorman
 (15) PRESENT POSTOFFICE OF MOTHER Wynnam S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE Florence Co S.C.
 (19) OCCUPATION Housewife
 (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 Wynnam on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) W. B. Gorman
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Wynnam, S.C.

Given name added from a supplemental report
Sept 10, 1916
C. G. Gentry
Wynnam
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Mar. 9, 1916 (28) E. L. Montgomery
 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.

STATE OF SOUTH CAROLINA
 BUREAU OF VITAL STATISTICS
 WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.
 CHAW. OF COLUMBIA.