

Form No. 1

(1) PLACE OF BIRTH

County of FairfieldTownship of 1or
Inc. Town of 1or
City of 1

(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

76933

Registration District No. 1910Registered No. 29

(For use of Local Registrar)

(2) Full Name of Child Louise Peter

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? no(7) DATE OF BIRTH Aug. 2, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Peter(15) PRESENT POSTOFFICE OF MOTHER Jenkinsville(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY (Years) 15(18) BIRTHPLACE Union(19) OCCUPATION Cook(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Manfred Peters(24) State whether Physician or Midwife (25) Address of Physician or Midwife Jenkinsville

Given name added from a supplemental report

(26) Witness St. John

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

(27) Filed AMT 1916(28) D. L. Glenn 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.

NOT TO BE REPRODUCED FOR PUBLISHING
WHEN PRINTED WITH UNCHANGED 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.
McCaw, of Columbia