

Form No. 1.

(1) PLACE OF BIRTH

County of Burkeley
 Township of Ridgville, S.C.
 Inc. Town of _____
 or _____
 City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

58816

Registration District No. #700 Registered No. 10
 (For use of Local Registrar)
 (No. _____ 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 Perfimer Sato If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 18</u> 191 <u>6</u> <small>(Name or Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Richard Sato</u>			(14) NAME BEFORE MARRIAGE <u>Julia Pringle</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Ridgville, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ridgville, S.C.</u>	
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY _____ (Years)	
(12) BIRTHPLACE <u>Burkeley S.C.</u>			(18) BIRTHPLACE <u>Burkeley S.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>House work.</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at _____ M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Lillian Green

(24) State whether Physician or Midwife _____

(25) Address of Physician or Midwife Ridgville, S.C.

Given name added from a supplemental report

May 21 1916
Harry Singletary
 Registrar

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

(27) Filed May 18 1916 (28) Harry Singletary
 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. 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.