

Form No. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of *Greenville*

STATE OF SOUTH CAROLINA.

72965

Township of *Fairview*

Bureau of Vital Statistics
State Board of Health

or
Inc. Town of *Ft. Inn*

Registration District No. *2206* Registered No. *1100*
(For use of Local Registrar)

or
City of (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. { 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 *3* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Aug. 25* 191*6*
To be answered only in event of Twins or Triplets (Name & Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Dock Beyson*

(14) NAME BEFORE MARRIAGE *Ida Jones*

(9) PRESENT POSTOFFICE OF FATHER *Ft. Inn SC*

(15) PRESENT POSTOFFICE OF MOTHER *Ft. Inn SC*

(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *33* (Years)

(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *30* (Years)

(12) BIRTHPLACE *SC.*

(18) BIRTHPLACE *SC.*

(13) OCCUPATION *Farm & Mill hand*

(19) OCCUPATION *Housewife*

(20) Number of children born to mother, including present birth { *3* }

(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* at *1* *A.M.*, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Hanna Jones Col.*

(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Ft. Inn SC.*

Given name added from a supplemental report

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

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Registrar

(27) Filed *Sept 16* 191*6* (28) *T B Duckitt* 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.