

Form No. 1

(1) PLACE OF BIRTH

County of HorryTownship of Leemay

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

77526

Registration District No. 2502 Registered No. 138

(For use of Local Registrar)

(2) Full Name of Child Wilmina

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of twins or triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 6 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.		MOTHER.	
(8) FULL NAME <u>Wm E Hux</u>	(14) NAME BEFORE MARRIAGE <u>Thome Hardie</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Leemay SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Leemay SC</u>
(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Horry Co</u>	(18) BIRTHPLACE <u>Horry Co</u>	(19) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>5</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 alive at 7 AM. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sallie Moore

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

mid wife Leemay SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 16 1916 (28) J. R. Doyne
Registrar 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. WHEN SPEAKING WITH UNBIDDING 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.