

Form No. 1.

(1) PLACE OF BIRTH

County of Chester
Township of Landon

or
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
59195

Registration District No. 1105 Registered No. 125
(For use of Local Registrar)

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 Mary Eliza Cloud } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 4/16
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Albright Cloud
(9) PRESENT POSTOFFICE OF FATHER Edgemore S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Wylie's Mill S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth first one

MOTHER.
(14) NAME BEFORE MARRIAGE Roxie Hood
(15) PRESENT POSTOFFICE OF MOTHER Edgemore S.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE Wylie's Mill S.C.
(19) OCCUPATION Farmer
(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 o'clock M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) X (Signature) [Signature]
(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Wylie's Mill S.C.

Given name added from a supplemental report
.....
Registrar

(26) Witness William Robinson
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 4/16 (28) A. J. Weather 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.
M. R.—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.