

Form No. 1

(1) PLACE OF BIRTH

County of YamTownship of Lynchburgor
Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2. Full Name of Child Silas Y...

File No.—For State Registrar Only

46746

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3002Registered No. 10

(For use of Local Registrar)

St.: Ward:

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH Jan 26 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Y...(9) PRESENT POSTOFFICE OF FATHER Lynchburg S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Lee Co. S.C.(13) OCCUPATION Job. Work(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Stokes(15) PRESENT POSTOFFICE OF MOTHER Lynchburg S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Lee Co. S.C.(19) OCCUPATION Farming(20) 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 born alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Jane Proctor

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

Midwife Lynchburg S.C.

Given name added from a supplemental report

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

(27) Filed 1/29 1916 (28) J. H. McIntosh Sr. 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.

WHITE PLAINLY, WITH READING 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.