

Form No. 1

(1) PLACE OF BIRTH
County of York
Township of
or
Inc. Town of Fort Mill
or
City of (No. St.; Ward)
(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
54196

Registration District No. 4406 Registered No. 19
(For use of Local Registrar)

(2) Full Name of Child { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? no (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov., 12, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John Green
(9) PRESENT POSTOFFICE OF FATHER Fort Mill S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE N.C.
(13) OCCUPATION Mill Operative
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Fannie Branch
(15) PRESENT POSTOFFICE OF MOTHER Fort Mill S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE N.C.
(19) OCCUPATION Domestic
(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 alive at 9:40 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha B. White (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Fort Mill S.C.

Given name added from a supplemental report
..... 191.....
..... Registrar

(26) Witness A. F. Parker (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 3/19-1916 (28) A. F. Parker 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.

M. H.—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 6.