

Form No. 1

# **CERTIFICATE OF BIRTH** **STATE OF SOUTH CAROLINA** **Bureau of Vital Statistics** **State Board of Health**

File No. For State Registrar Only  
**50633**

## (1) PLACE OF BIRTH

County of UnionTownship of UnionInc. Town of UnionCity of Union

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

Registration District No. 42-A Registered No. 18

(For use of Local Registrar)

St. 18 Ward 1(2) Full Name of Child Mary Prince { 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 18 (6) Are Parents Married? yes (7) DATE Feb 8 (8) BIRTH (Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME BO Prince (14) NAME BEFORE MARRIAGE Lillie Fowler(9) PRESENT POSTOFFICE OF FATHER Union SC (15) PRESENT POSTOFFICE OF MOTHER Union SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Polk Co NC (18) BIRTHPLACE Union Co SC(13) OCCUPATION mill operative (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 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Union on the date above stated. (Time of birth) 2 P.M. (Place of birth) Union(23) (Signature) Edith Kelly (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Union SC

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

(27) Filed Feb 13 1916 (28) J. S. Sarrett Local Registrar

Given name added from a supplemental report

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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.

THIS IS A PRELIMINARY RECORD. 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.