

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH  
 County of Anderson  
 Township of "  
 or  
 Inc. Town of "  
 or  
 City of " (No. " St. " Ward ")  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

16 092981  
 FILE No.—For State Registrar Only  
 03845

2. FULL NAME OF CHILD Frances Eva Black { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Girl If Plural births No 4. Twins, triplets or other no 5. Number, in order of birth 8 6. Premature No Full term YES 7. Are Parents Married? YES 8. Date of birth December 7, 1916 (Month, day, year)

9. Full name FATHER  
Richard Preston Black

18. Name before marriage MOTHER  
Eva Martin

10. Residence (mailing address) (If non-resident, give place and State) Anderson, S. C.

19. Residence (mailing address) (If non-resident, give place and State) "

11. Color or race W. 12. Age at child's birth 5 1/2 (years)

20. Color or race White 21. Age at child's birth 36 (years)

13. Birthplace (city or place) (State or country) Anderson County

22. Birthplace (city or place) (State or country) Anderson County

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. "

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. "

16. Date (month and year last) engaged in this work All Present, 1916

25. Date (month and year) last engaged in this work Present, 1916

17. Total time (years) spent in this work " 26. Total time (years) spent in this work "

27. Number of children of this mother (At time of birth and including this child) 8 (a) Born alive and now living 8 (b) Born alive but now dead none (c) Stillborn none

28. If stillborn, period of gestation " months " weeks " 29. Cause of stillbirth " Before labor " During labor "

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 10:00p.m. on the date above stated. (Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at 10:10p.m. on above date Silver Nitrate. (Name of Prophylactic)

Cleft Palate No Hare Lip No Other Deformities None (Specify)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) J. J. Gray, M. D.

or ", Midwife

Given name added from a supplementary report " (Date of)

Address "

Filed June 2, 1916 M. B. Woodward, M. D. Registrar.

Registrar.