

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. 3-a 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 Frances Eva Black

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

9. Full name FATHER
Richard Preston Black

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

11. Color or race W. 12. Age at child's birth 54 (years)

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

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

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

16. Date (month and year last) engaged in this work Present 17. Total time (years) spent in this work 16

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 10:00 p.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 10:10 p.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.)

Given name added from a supplementary report (Date of)

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

or Midwife

Address Anderson, S.C.

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

Registrar.

16 092981

FILE No.—For State Registrar Only

03845

Registered No. (For use of Local Registrar)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3-a