

FORM NO. 1.

## (1) PLACE OF BIRTH

County of CalhounTownship of Pine Groveor  
Inc. Town of Fort Mattoor  
City of Fort Matto

(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  
**63329**Registration District No. 803 Registered No. 40  
(For use of Local Registrar)(2) Full Name of Child Frank Vincent

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 13 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Edward Vincent(9) PRESENT POSTOFFICE OF FATHER Fort Matto, S.C.(10) COLOR OR RACE Cold (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Fort Matto, S.C.(13) OCCUPATION Farm(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Matilda Kress(15) PRESENT POSTOFFICE OF MOTHER Fort Matto, S.C.(16) COLOR OR RACE Cold (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Fort Matto, S.C.(19) OCCUPATION Farm(21) 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 at 4 am M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rachel Wright(24) State whether Physician or Midwife (25) Address of Physician or Midwife Fort Matto, 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 19 1916 (28) J. D. Stoudermire 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.

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.  
McCaw, of Columbia