

Form No. 1

(1) PLACE OF BIRTH

County of UnionTownship of Union

or

Inc. Town of

or

City of Union (No. 1 of 1 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

50666

Registration District No. 4-207 Registered No. 13
(For use of Local Registrar)(2) Full Name of Child Samuel Smith

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH July 26 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Outlaw(9) PRESENT POSTOFFICE OF FATHER Not Known(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE NC(13) OCCUPATION Mill Work(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Smith(15) PRESENT POSTOFFICE OF MOTHER Union SC(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Union SC(19) OCCUPATION Domestic(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 4 P. M. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) D. P. P. Person

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Union SC

Given name added from a supplemental report

, 1916

Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 29 1916

(28)

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.

MARGENT REMOVED FOR BANNING.
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.