

Form No. 1.

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

## (2) Full Name of Child

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

49992

Registration District No. 35C

Registered No. 5

(For use of Local Registrar)

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

(3) BOY OR

GIRL

(4) Twin

or Triplet?

(5) Number in

order of birth

2

(6) Are

Parents

Married?

Yes

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

Feb. 2nd 1916

## FATHER.

(8) FULL

NAME

(9) PRESENT

POSTOFFICE

OF FATHER

(10) COLOR

OR

RACE

(12) BIRTHPLACE

(13) OCCUPATION

(10) Number of children born to

mother, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement

al report

191

Registrar

(26) Witness

(Signature of Witness necessary only

when question 23 is signed by mark)

(27) Filed

Feb 9 1916

(28)

R. A. McLees

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.

MARGIN RESERVED FOR BINDING.

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.

McCaw, of Columbia.