

Form No. 1.

(1) PLACE OF BIRTH

County of Barnwell

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only
84374

Township of _____

or
Inc. Town of Blackville

Registration District No. 5-A

Registered No. 20

(For use of Local Registrar)

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 Norace Allen

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

(3) BOY or Boy (4) Twin None (5) Number in order of birth 1st (6) Are Parents Married? No (7) DATE OF BIRTH Nov 13 1916
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER
(8) FULL NAME ?

MOTHER
(14) NAME BEFORE MARRIAGE Mattie Allen

(9) PRESENT POSTOFFICE OF FATHER ?

(15) PRESENT POSTOFFICE OF MOTHER Blackville, S.C.

(10) COLOR OR RACE ? (11) AGE AT LAST BIRTHDAY ? (Years)

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE ?

(18) BIRTHPLACE S.C.

(13) OCCUPATION ?

(19) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth Four

(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING _____ MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 P.M. on the date above stated. (Hour A.M. or P.M.)

(23) (Signature) Mary X. Muncie, midwife

(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife Blackville S.C.

Given name added from a supplemental report
..... 191.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Filed 1/13 1916 (28) E. S. Hammond Legal 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.
McGraw-Hill

Vertical text on the right edge of the page, including "JAN 13 1916" and other markings.