

Form No. 1.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Darlington STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
Township of Simp Creek State Board of Health

File No.—For State Registrar Only
46020

or
Inc. Town of Registration District No. 1511 Registered No.
or
City of (No. 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 Jow Fella Term } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? twins (5) Number in order of birth 7 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 20 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Wm Arthur Term

MOTHER
(14) NAME BEFORE MARRIAGE Rebecca Janie Flowers

(9) PRESENT POSTOFFICE OF FATHER Hartsuville

(15) PRESENT POSTOFFICE OF MOTHER Hartsuville

(10) COLOR OR RACE white (16) AGE AT LAST BIRTHDAY 37 (Years)

(18) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION farmer

(19) OCCUPATION housewife

(20) Number of children born to mother, including present birth 7

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature) M. O. Hartsuville
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hartsuville

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

(26) Witness
(Signature of Witness necessary only when question 22 is signed by marks)
(27) Filed Jan 25 1916 (28) E. A. Carlo Local Registrar

When there was no attending physician or midwife, then the father, household, etc., should make this return as a child's death certificate. It must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BLINDING.
NEVERE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
In the 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.
Mark of Columbia.