

Form No. 1

(1) PLACE OF BIRTH

County of CellevilleTownship of Vander

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

33914

Registration District No. 1409 Registered No. 16
(For use of Local Registrar)(2) Full Name of Child Lena Grace

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 6, 1917
(Name of Month) (Day) (Year)(8) FATHER'S FULL NAME Joe Grade (14) MOTHER'S NAME BEFORE MARRIAGE Francis Smith(9) PRESENT POSTOFFICE OF FATHER Neels SC (15) PRESENT POSTOFFICE OF MOTHER Neels SC(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 20 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 21
(Years) (Years)(12) BIRTHPLACE SC (18) BIRTHPLACE SC(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 1 (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 alive at 10 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Amelia B. B. B. (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Neels SC

Given name added from a supplemental report

(26) Witness etc (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Prox 10 11 1917 (28) Local Registrar Prox 10 11 1917

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

McGraw of Columbia, Columbia, S. C.