

Form No 1.

(1) PLACE OF BIRTH

County of GreenvilleTownship of FairviewInc. Town of Mount Zion

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

49265

Registration District No. 2206Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child Amber Smith Meadows ... { 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

4

(6) Are Parents Married?

yes(7) DATE OF BIRTH Feb. 6 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Amel Helen Meadows

(9) PRESENT POSTOFFICE OF FATHER

Mount Zion S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

31

(Years)

(12) BIRTHPLACE

Greenville Co. S.C.

(13) OCCUPATION

Merchant (Retail Grocery)

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Irene Smith

(15) PRESENT POSTOFFICE OF MOTHER

Mount Zion S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

31

(Years)

(18) BIRTHPLACE

Greenville Co. S.C.

(19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Blue at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John P. Lee

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

PhysicianMount Zion S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Mar 10 1916(28) R. D. Duckert

Local Registrar

MARGIN RESERVED FOR BINDING.
WRITES PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
No. 1.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

*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.