

(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

File No.—For State Registrar Only

64669

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2310

Registered No. 50

(For use of Local Registrar)

St.; Ward

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

To be answered only in case of Twin or Triplet's

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 10 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Lutie Deavenport

(9) PRESENT POSTOFFICE OF FATHER

96.

(10) COLOR OR RACE

Blk

(11) AGE AT LAST BIRTHDAY

25

(Years)

(12) BIRTHPLACE

Greenwood Co

(13) OCCUPATION

Farmer

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Azal Bolden

(15) PRESENT POSTOFFICE OF MOTHER

96

(16) COLOR OR RACE

Blk

(17) AGE AT LAST BIRTHDAY

21

(Years)

(18) BIRTHPLACE

Greenwood Co

(19) OCCUPATION

Farming &amp; Domestic

(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 at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician 96. 22

Given name added from a supplemental report

J. M. Turner 1916

Registrar

(26) Witness

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

(27) Filed

1916

(28)

J. M. Turner

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.

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FORM NO. 1  
 WHEN PLAIN. WITH ENLARGING INK—THIS IN A FORM NOT REQUIRED.  
 N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 FIRST-BORN N. No. 1, THE OTHER, No. 2, etc. In question 5.

McGraw  
 Hill  
 Co.