

Form No. 1

(1) PLACE OF BIRTH

County of *Beaufort*

Township of *H. Helena*

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

84448

Registration District No.

604

Registered No.

169

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? *Girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *No*

(7) DATE OF BIRTH

Nov. 10, 1916

To be answered only in event of twins or triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wm Miller

(9) PRESENT POSTOFFICE OF FATHER

Frogmore S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Northy Jenkins

(15) PRESENT POSTOFFICE OF MOTHER

Frogmore S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

30

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farmer

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive*, at *12* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Wm. H. Gibbs*

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

Midwife Frogmore 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 *11/14/16*

(28) *Geo. H. Hockett*

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.

N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

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