

Form No. 1

(1) PLACE OF BIRTH

County of MarionTownship of MarionInc. 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

90897

Registration District No. 3205 Registered No. 345
(For use of Local Registrar)

(No. _____) (Ward _____)

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

(2) Full Name of Child

(3) ~~GIRL?~~ (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH Dec. 12, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Illegitimate

(9) PRESENT POSTOFFICE OF FATHER _____

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY ✓ (Years)

(12) BIRTHPLACE _____

(13) OCCUPATION _____

(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Wright(15) PRESENT POSTOFFICE OF MOTHER Mullins, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Marion Co.(19) OCCUPATION Day Laborer(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Amelia 420 a
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(22) (Signature) Amey Hayes(23) State whether Physician or Midwife (24) Address of Physician or Midwife
midwife, Mullins, S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mother)
Amey Hayes(26) Filed 12/27/16 (27) R. H. Hayes
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.