Form No 1.

CERTIFICATE OF BIRTH

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

File No. 63113 — For State Registrar Only

(1) **PLACE OF BIRTH**

County of Bamberg

Township of Ashe Land

or

Inc. Town of ..... Registration District No. 6.6.2. Registered No. 41 (For use of Local Reistrar)

or

City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) **Full Name of Child** Benjamin Franklin { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth (To be answered only in event of Twins or Triplets)	(6) Are Parents Married? no	(7) DATE OF BIRTH June 20, 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME	(14) NAME BEFORE MARRIAGE Nora Franklin
(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER Branchville
(10) COLOR OR RACE / (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE Black / (17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE	(18) BIRTHPLACE S.C.
(13) OCCUPATION	(19) OCCUPATION Laborer
(20) Number of children born to mother, including present birth { 5	(21) Number of children of this mother now living, including present birth { 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ..... at 9 a. M., on the date above stated. (Born alive or ~~stillborn~~) (Hour A. M. or P. M.)

(23) (Signature) Thomas White

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Branchville

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed July 4, 1916 (28) J. N. Steedley 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.

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 OTHERS, No. 2, etc., in question 5.

Caw. of Columbia.