

Form No. 1.

(1) PLACE OF BIRTH

County of Charleston

Township of Johns Island

or
Inc. Town of

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

45648

Registration District No. 902 Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child. Child unnamed If child is not yet named, make supplemental report as directed

(3) ~~NOT OR~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Jan 30 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME not stated

(9) PRESENT POSTOFFICE OF FATHER

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

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Stanyard

(15) PRESENT POSTOFFICE OF MOTHER Johns Island

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Johns Island

(19) OCCUPATION Farm laborer

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Sarah Blake

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

midwife Johns Island

Given name added from a supplemental report

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

(27) Filed Feb 2 1916 (28) W. C. Hill 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.

M. R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia