

Form No. 1.

(1) PLACE OF BIRTH

County of York

Township of York

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

58172

Registration District No. 4408 Registered No. 59

(For use of Local Registrar)

(2) Full Name of Child Ollie Lee Stearns

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

(3) ~~NOT A GIRL~~ girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? W (7) DATE OF BIRTH 4 26 6
To be answered only in case of Twins or Triplets (Name of Month) (Day) 191 (Year)

FATHER.

(8) FULL NAME Hugh Stearns

(9) PRESENT POSTOFFICE OF FATHER York S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE York S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Pearle Simms

(15) PRESENT POSTOFFICE OF MOTHER York S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE York S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now 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 born at 10 P M., on the date above stated. (born alive or stillborn) (Hour A. or P. M.)

(23) (Signature) Mary Hudson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife York S.C.

Given name added from a supplemental report

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

(27) Filed April 27 1916 (28) Jos. L. Barrow 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 OTHER, No. 2, etc., in question 5.
McCaw of Columbia.

FORM NO. 1-17