

Form No. 1

## (1) PLACE OF BIRTH

County of Lexington  
 Township of Flat Spring  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**65286**

Registration District No. 3110 Registered No. 23  
 (For use of Local Registrar)  
 (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 See Risk { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH June 24, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Preston Risk  
 (9) PRESENT POSTOFFICE OF FATHER Newbrookland  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farming  
 (14) Number of children born to mother, including present birth { 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Amelia Wilson  
 (15) PRESENT POSTOFFICE OF MOTHER Newbrookland  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION house wife  
 (20) 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 Romana (Born alive or stillborn) (Hour 6 A. M. or P. M.)  
 on the date above stated.

(23) (Signature) Jane Chap  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

mid wife | Gaston

Given name added from a supplemental report

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

(27) Filed July 10, 1916 (28) Da Glenn 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.

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