

Form No. 1

(1) PLACE OF BIRTH

County of LaurinTownship of WintersInc. Town of orCity of or

(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

69210

Registration District No. 2902 Registered No. 87

(For use of Local Registrar)

(2) Full Name of Child

Helen Marney

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 24

(Name of Month) (Day)

1916

(Year)

(8) FATHER'S NAME

Willie Marney

(14) NAME BEFORE MARRIAGE

Lula Marney

(9) PRESENT POSTOFFICE OF FATHER

Mountain SC

(15) PRESENT POSTOFFICE OF MOTHER

Mountain SC

(10) COLOR OR RACE

Neg

(11) AGE AT LAST BIRTHDAY

21

(Years)

(16) COLOR OR RACE

Neg

(17) AGE AT LAST BIRTHDAY

21

(Years)

(12) BIRTHPLACE

Laurin Co

(18) BIRTHPLACE

Laurin Co

(13) OCCUPATION

Farm laborer

(19) OCCUPATION

Domestic

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

2

(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 Alive on the date above stated. (Hour A. M. or P. M.) 5:20 A.

(23) (Signature)

Della + Spang

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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(26) Witness

Jane Hance(27) Signed DR. Gull

(28) 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.

MARCH 1917 REVISED FOR BIRTH

WHEN PLACED WITH CERTAIN INFORMATION IN A PRESENTED REPORT, 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.

M. Caw. of Columbia.