

Form No. 1.

(1) PLACE OF BIRTH
 County of Richland
 Township of Blythewood
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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
91558

Registration District No. 2800 Registered No. 164
 (For use of Local Registrar)

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

(3) BOY OR (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 10 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER			MOTHER		
(8) FULL NAME	<u>John Harold</u>		(14) NAME BEFORE MARRIAGE	<u>Lida Cangada</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Blythewood Sc</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Blythewood Sc</u>	
(10) COLOR OR RACE	<u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE	<u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE	<u>Richland Co Sc</u>		(18) BIRTHPLACE	<u>Richland Co Sc</u>	
(13) OCCUPATION	<u>Farming</u>		(19) OCCUPATION	<u>Housewife</u>	
(20) Number of children born to mother, including present birth	<u>2</u>		(21) Number of children of this mother now living, including present birth	<u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child who was born alive at 2300 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Gallie Frazer
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Blythewood R 70

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 17 1916 (28) W. M. Lean 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.

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.