

Form 16, 1911  
 STATE BOARD OF HEALTH  
 DEPARTMENT OF HEALTH  
 COLUMBIA, S. C.

At least one 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.

(1) PLACE OF BIRTH  
 County of Greenville  
 Township of Dunklin  
 OF  
 Inc. Town of ..... Registration District No. 2205 Registered No. ....  
 OF  
 City of ..... (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 Sara May Lee Basing } If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only  
**45331**

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 18, 1911</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Foster Basing</u>			(14) NAME BEFORE MARRIAGE <u>Robert M. Curoghan</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Joney Creek, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Joney Creek, S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>Wille Co. Dunklin Township</u>			(18) BIRTHPLACE <u>Wille Co. Dunklin Township</u>	
(13) OCCUPATION <u>Farm Laborer</u>			(19) OCCUPATION <u>Farm Laborer</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Knight, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Rt # 5 Honea Path, S.C.

Given name added from a supplemental report ....., 191.....	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
..... Registrar	(27) Filed <u>Jan 25</u> 1911. (28) <u>L. D. Smith</u> 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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