

Form No. 1

(1) PLACE OF BIRTH

County of BambergTownship of 3 mile

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. 58567 for State Registrar OnlyRegistration District No. 404Registered No. 53

(For use of Local Registrar)

(2) Full Name of Child

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

(3) ~~BOY OR GIRL?~~ Girl (4) Twin or Triplet? 8 (5) Number in order of birth 8 (6) Are Parents Married? no (7) DATE OF BIRTH April 21 1916
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Charlie Whetson(14) NAME BEFORE MARRIAGE Rose Carter(9) PRESENT POSTOFFICE OF FATHER not known(15) PRESENT POSTOFFICE OF MOTHER Ehrhardt. S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30 (Years)(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE do not know(18) BIRTHPLACE Bamberg, Co. S.C.(13) OCCUPATION Public work(19) OCCUPATION Farm Laborer(20) Number of children born to mother, including present birth 8(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Eligier Carter(24) State whether Physician or midwife midwife (25) Address of Physician or Midwife Ehrhardt. S.C.

Given name added from a supplemental report

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

(27) Filed 5/20 1916 (28) G. J. Henderson 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. H.—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.
 McCRAW, of Columbia