

Form No. 1.

## (1) PLACE OF BIRTH

County of Barnwell  
Township of Blackvilleor  
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

48125

Registration District No. 504 Registered No. 5  
(For use of Local Registrar)(2) Full Name of Child. Mary Lucille Still If child is not yet named, make supplemental report as directed(3) ~~NOT ON~~ GIRL? Girl (4) ~~Two~~ or Triplet? (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 6 6  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Asbury Still(9) PRESENT POSTOFFICE OF FATHER Blackville, S.C., R.F.D.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 41 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Seven

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Coleman(15) PRESENT POSTOFFICE OF MOTHER Blackville, S.C., R.F.D.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Six

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour ~~day~~ or P. M.)(23) (Signature) Ursula S. Cuthbert Midwife(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Blackville, S.C., R.F.D.

Given name added from a supplemental report

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

(27) Filed Feb. 12 1916 (28) E. S. Hammond 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.

MARGIN RESERVED FOR REMARKS.  
WRITES PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
M. R.—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.  
McCaw, of Columbia.