

Form No. 1

## (1) PLACE OF BIRTH

County of EdgefieldTownship of Debutor  
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. — For State Registrar Only

48929

Registration District No. 18/5 Registered No. 12

(For use of Local Registrar)

(2) Full Name of Child Martha Whaley { If child is not yet named, make supplemental report as directed

|                                 |                         |   |                                |  |
|---------------------------------|-------------------------|---|--------------------------------|--|
| (3) SEX OR<br>CHILD <u>Girl</u> | (4) Twin<br>or Triplet? | (5) Number in<br>order of birth<br><small>(to be answered only in event of twins or triplets)</small> | (6) Are<br>Parents<br>Married? | (7) DATE OF<br>BIRTH <u>Feb. 18</u><br><small>(Name of Month) (Day) (Year)</small> |
|---------------------------------|-------------------------|---|--------------------------------|--|

## FATHER.

(8) FULL NAME Janner Whaley

(9) PRESENT POSTOFFICE OF FATHER Plum Branch

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25  
(Years)

(12) BIRTHPLACE Edgefield Co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Hauling

(15) PRESENT POSTOFFICE OF MOTHER Plum Branch

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24  
(Years)

(18) BIRTHPLACE Edgefield Co

(19) OCCUPATION Housewife

(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 Born alive at 10 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)(23) (Signature) Janner Whaley, Father

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 1916 (28) J. S. Hughes 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Law. of Columbia