

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town ofor  
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

92803

Registration District No. 4307 Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child *Ada Leisia McCorn* If child is not yet named, make supplemental report as directed(3) BOY OR  
GIRL? *Girl*(4) Twin  
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in  
order of birth(6) Are  
Parents  
Married? *Yes*(7) DATE OF  
BIRTH *Dec. 23, 1916*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME *Lee M. Corn*(9) PRESENT  
POSTOFFICE  
OF FATHER *Blooming vale S.C.*(10) COLOR  
OR  
RACE *Colored*(11) AGE AT LAST  
BIRTHDAY *42*  
(Years)(12) BIRTHPLACE  
*Blooming vale S.C.*(13) OCCUPATION  
*Farmers*(14) Number of children born to  
mother, including present birth *6*

## MOTHER.

(14) NAME BEFORE  
MARRIAGE *Sylvia White*(15) PRESENT  
POSTOFFICE  
OF MOTHER *Blooming vale S.C.*(16) COLOR  
OR  
RACE *Colored*(17) AGE AT LAST  
BIRTHDAY *33*  
(Years)(18) BIRTHPLACE  
*Blooming vale S.C.*(19) OCCUPATION  
*Domestic*(21) Number of children of this mother  
now living, including present birth *5*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *9:30 A.M.*  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Rebecca A. Anderson*  
(24) State whether Physician or Midwife (25) Address of Physician or MidwifeGiven name added from a supplement  
report(26) Witness *Lee M. Corn*  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed *1/3* 1917 (28) *G. E. Grier*  
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.

WHEN PRINTED WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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.  
McCaw, of Columbia.