

Form No. 1.

(1) PLACE OF BIRTH

County of Greenwood
Township of Walnut Grove
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.—For State Registrar Only
64694

Registration District No. 13/4 Registered No. 46
(For use of Local Registrar)
St.; Ward

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>by</u>	(4) Twin or Triplet? <u>No</u> <small>to be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 29 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>James Washington Black</u>			(14) NAME BEFORE MARRIAGE <u>Mary Lindsey</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>L. Hodges R2 SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hodges SC R2</u>	
(10) COLOR OR RACE <u>black</u>			(16) COLOR OR RACE <u>black</u>	
(11) AGE AT LAST BIRTHDAY <u>40</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>40</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>housekeeper</u>	
(20) Number of children born to mother, including present birth <u>11</u>			(21) Number of children of this mother now living, including present birth <u>9</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive, at 11:00 M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

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

Given name added from a supplemental report

(26) Witness Refused by father of child
J. W. Black Hodges SC R2
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 1 1917 (28) J. C. Mabry
Registrar 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. 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.
McNay, of Columbia