

Form No. 1

(1) PLACE OF BIRTH

County of York

Township of

or

Inc. Town of Fort Mill

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—

50809

Registration District No. 4-06Registered No. 7

(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? no (5) Number in order of birth 4 (6) Are Parents yes Married? yes (7) DATE OF BIRTH Feb. 2, 1916
 To be presented only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>C. L. Pitman</u>	(14) NAME BEFORE MARRIAGE <u>Lillie Inman</u>	(10) COLOR OR RACE <u>white</u>	(16) AGE AT LAST BIRTHDAY <u>36</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Fort Mill S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Fort Mill S.C.</u>	(11) BIRTHPLACE <u>Anderson Co. S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)
(12) OCCUPATION <u>Cotton Mill Operative</u>	(18) OCCUPATION <u>House wife</u>	(13) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH <u>4</u>	(19) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH <u>4</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) A. Ther. Neely(24) State whether Physician or Midwife M.D.(25) Address of Physician or Midwife Fort Mill S.C.

Given name added from a supplemental report

Mar - 2 - 1916C. L. Parker

Registrar

(26) Witness A. R. Parker

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

(27) Filed 1916 (28) 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.
 M. 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.
 Cav. of Columbia