

Form No. 1.

(1) PLACE OF BIRTH **Chesterfield** **CERTIFICATE OF BIRTH**
 County of **Chesterfield** **STATE OF SOUTH CAROLINA.**
 Township of **Chesterfield** **Bureau of Vital Statistics**
State Board of Health

File No. For State Registrar Only
59270

or
 Inc. Town of Registration District No. **1243** Registered No. **87**
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child **Lena Bittle** { 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 **26** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **April 13**
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME **Wincey Bittle**
 (9) PRESENT POSTOFFICE OF FATHER **Chesterfield Sc**
 (10) COLOR OR RACE **Black** (11) AGE AT LAST BIRTHDAY **26** (Years)
 (12) BIRTHPLACE **Chesterfield Sc**
 (13) OCCUPATION **Farmer**
 (14) Number of children born to mother, including present birth { **6**

MOTHER.
 (14) NAME BEFORE MARRIAGE **Dora Bryant**
 (15) PRESENT POSTOFFICE OF MOTHER **Chesterfield Sc**
 (16) COLOR OR RACE **Black** (17) AGE AT LAST BIRTHDAY **27** (Years)
 (18) BIRTHPLACE **Chesterfield Sc**
 (19) OCCUPATION **house wife**
 (20) Number of children of this mother now living, including present birth { **6**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was **alive** at **10 a. m.**
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) **Francis T. Harris**
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Mich wife M. C. Farless

Given name added from a supplemental report 191...
 (26) Witness **D. T. Brock** (Signature of Witness necessary only when question 22 is signed in blank)
 (27) Filed **May 15** 191**6** (28) **H. C. Mulloy** 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 INDEXING.
 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.
 McCaw, of Columbia.